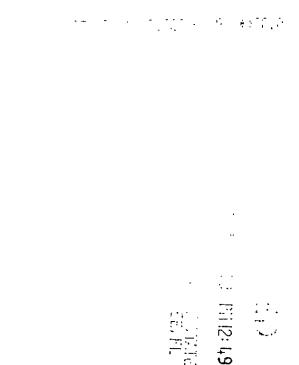
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to I	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Q'	Zico Tacos 1	1.0	
SUBJECT:	Name of Iam	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Erick L	Name of Person	
		Firm/Company	<del></del>
	11491 SW 2	36 lane Address	
	Homestead	FL 33032 City/State and Zip Code	
		a Mail. Com To be dused for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
61 cm'a Ca Name of	V v 11 O	at (186) 351- Area Code Daytime	LOSLO Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	<b>A</b> :
Registration S Division of Co		Registration Sec Division of Corp	
P.O. Box 632	-	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- Ci Kigo Tacos L		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 64/24	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		.:
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, en	ter the name of the new registered
agent and of the new registered office address here.		
TO CALL TO CALL A		r il o
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
	, Citv	Florida Zip Code
	CHY	rap Com

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
M6R	Erick Lovenzo	11491 SW 236 Lane	<b>X</b> Add
		11491 SW 234 Lane Home Stead, FL 3303:	<b>∟</b> □Remove
			□Change
	<del></del>		□Add
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<u>te:</u> If the da	e, if other than to is listed, the date ate inserted in this fective date on the	s block does not	t meet the appli	icable statutory	or more than 90 filing requirer	(optional) days after filing nents, this date	.) Pursuant to 605.0 will not be listed
cord specifi s filed.	ies a delayed effe	ctive date, but no	ot an effective	time, at 12:01 a	i.m. on the ear	lier of: (b) TI	ne 90th day after t
ed <u>07</u>	114/	<u>)</u>	, <u>2021</u>	·			
		Signature of	LAM	herized represent			