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COVER LETTER

то:	Registration Se Division of Cor					
CUBIE	P11 Harboi					
SUBJE	CT:	Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Micheal Coleman				
			Name of Person			
		Taqueria Restaurants Grou	p LLC			
			Firm/Company			
		P.O. Box 1678				
			Address			
		Anna Maria				
		City/State and Zip Code				
		Cindy@poppostacos.com E-mail address: (to be used for future annual report notification)				
For furt	har information o	concerning this matter, please c		neationy		
		oncerning this matter, prease c				
Michea	l Coleman		941 5956642 at ()			
	Name o	of Person	Area Code Daytim	e Telephone Number		
Enclose	d is a check for t	he following amount:				
≡ \$ 25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:			
	Registration	Section	Registration Se			

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

P11 Harbor LLC

2022 MAR 16 AM 10: 12

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SEURETARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 2-10-2022 and assigned Florida document number _____L22000070347 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: P11 Heritage LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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
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			□ Remove
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