122000482799

(Requestor's Name)
(Address)
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(1001035)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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023 OCT 13 AM 9: 20

DESTINATION OF A

COVER LETTER

TO:

SUBJECT.	Big Taco M	_		
SUBJECT:	^-	Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Gerald Prescott		
			Name of Person	-
	Name of Person			
			Firm/Company	
		1455 State Road 436. Ste.	117	
			Address	
		Casselberry, FL 32707		
			City/State and Zip Code	
		Management, LLC Name of Limited Liability Company		
For further i	information c	oncerning this matter, please co	all:	
Gerald Pres	cott		407 417-3246	
	Name o	l' Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for tl	ne following amount:		
≅ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			· · · · · · · · · · · · · · · · · · ·	ction
	_		-	
Ta	dlahassee l	FL 37314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Big Taco Management, LLC

2023 OCT 13 AM 9: 20

(Name of the Limited Liability (A Florida)	Company as it now Limited Liability Con	npany) TATE (A. C.
he Articles of Organization for this Limited Liability Co	omnany were filed	npany) IALLAHASSEE, FLORIDA on 11/14/2022 and assigned
orida document number L22000482799	mpany were med	and assigned
orida document number	_•	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability comp	any here:
e new name must be distinguishable and contain the words "Limit	ted Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1455 Sta	te Road 436 , Stc 117
Principal office address MUST BE A STREET ADDRI	ESS) Casselbo	erry FL., 32707
nter new mailing address, if applicable:	1455 Sta	te Road 436 . Ste 117
Aailing address MAY BE A POST OFFICE BOX)	Casselbe	erry, FL 32707
If amending the registered agent and/or registered tent and/or the new registered office address here:		our records, <u>enter the name of the new regi</u>
Name of New Registered Agent: Gerald	Prescott	
New Registered Office Address: 1455 St	tate Road 436, Ste	117
	E	nter Florida street address
Casselb	эеггу	Florida ³²⁷⁰⁷
		Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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
			□Remove
			□ Add
			□ Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Add
			□Remove
			□ Change
			□ Add
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Note:	ve date, if other than the date of filing:	05,0207 isted as (
e reco	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af ed.	fer the
	October 2.2023	
Dated		
Dated	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00