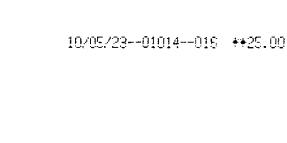
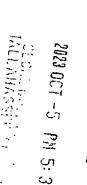
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(Requestor's Name)
(Address)
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COVER LETTER

	Registration Se Division of Cor			•
444111111111111111111111111111111111111	Beachin Bu	rritos, LLC		
SUBJEC	/I:	Name of Lim	nited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Vincent L. Siravo, Jr.		
			Name of Person	
		Beachin Burritos		
		 	Firm/Company	
		532 Nature Creek Lane		
			Address	
		New Smyrna Beach, FL 32	2168	
			City/State and Zip Code	
		beachinburritosnsb@gmail.	com to be used for future annual report notifi	aution)
For furthe	er information co	oncerning this matter, please c	•	cationy
Vincent l	L. Siravo, Jr.		720 234-5694	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

Beachin Burritos, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 12/08/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LI.C." or the abbreviation "L1C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	2029 OCT -5 PH 5
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code

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 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 b	eing adde	<u>:d</u>
or removed from our records:		

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Brookelyn Banks	532 Nature Creek Lane New Smyrna Beach, FL 3216	58 ≘ ∆dd
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or rote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 605.0 ng requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of; (b) The 90th day after
sted September, 26	
Signature of a country or authorized representative	