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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

Account Number : I20190000047 Phone : (407)205-0002 Fax Number : (866)704-9120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALEBRIJES MEXICAN GRILL & TEQUILA BAR LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration S Division of Co			
SUD PECT.		AN GRILL & TEQUILA BAR LLC	
SUBJECT:	Name of Lim	lted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	SAN	DRA DANIS RAMOS	
		Name of Person	
	ALEBRUE	S MEXICAN GRILL & TEQUILA I	BAR LLC
		Firm/Company	
		1566 S FRENCH AVE	
		Address	
	S	ANFORD, FL 32771	
	City/State and Zip Code		
		SSINGFORMS@SCTS1040.COM to be used for future annual report notific	eation)
For further information	concerning this matter, please c	all:	
SANDRA DANIS RAN	MOS	321 946 6560	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fcc	☐ \$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 Addre Registration		<u>Street Address:</u> Registration Sect	ion

Registration Section
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

	Ciry	Zip Code
		, Florida
ATTI AMERIMAN VALUE I MIN OU	Enter Florida strest as	ddress
New Registered Office Address:		
Name of New Registered Agent:		25
s. If amending the register of agent and/or the new registered office address here:	Dimee adm cas on our records, en	uter the name of the new regist
B. If amending the registered agent and/or registered o	office address on our records as	
Mailing address MAY BE A POST OFFICE BOX		24.
Enter new mailing address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE	<u>(333)</u>	· • · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:		
he now name must be distinguishable and contain the words "Limite	d Liability Company," the designation '	"LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limite	ed liability company here:	
This amendment is submitted to amend the following:		
Florida document number L22000530955		
The Articles of Organization for this Limited Liability Cor	mpany were filed on 12/15/2022	and assigned
(A Florida D	Company as it now appears on our re imited Liability Company)	
(lastic of the rimited resourch.	Company as it now appears on our re	config.)

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

Title	Name	Address	Type of Action
AMBR	KARINA LOPEZ	1566 S FRENCH AVE	■Add
		SANFORD, FL 32771	□Remove
			Chadd
			CRemove
			☐ Change
			□Add
			
			Change
			□Add
			□Remove
			Change
			
			□Remove
			Change
			□Add
			□Remove
			Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	op/01/2024 ive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
recor d is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	September 22nd , 2024
	Signature of a inclubin of authorized representative of a member

Filing Fee: \$25.00