



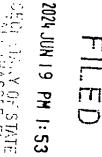
(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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08/19/24--01005--019 \*\*25.00



## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
SUBJECT: PALOS	TACOS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analogue Articlas	of Amendment and fee(s) are sub	amittad for tiling	
Please return all corre	spondence concerning this matter	to the following:	
	RICARDO LAZO		
		Name of Person	
	PALOS TACOS ELC		
		Firm/Company	
	4211 20TH ST		
		Address	
	VERO BEACH FL 32960		
		City/State and Zip Code	
	RICARDOLAZO1@LIVE	COM (to be used for future annual report not	ification
For further information	n concerning this matter, please c		
RICARDO R LAZO		at (_772) 360-0704	
Nan	ne of Person		ne Telephone Number
Enclosed is a check fo	or the following amount:		
■ \$25.00 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)
<u>Mailing Add</u> Registratio		<u>Street Address:</u> Registration Sc	ection
_	f Corporations	Division of Co	rporations
P.O. Box 6		The Centre of	
rananasse	e, FL 32314	2410 N. Monro	se Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALOS TACOS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Comp	any were filed on 01/18/2023	and assigned
Iorida document number L230000034739		
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
he new name must be distinguishable and contain the words "Limited 1	nability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		_
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<u> </u>	<u> </u>
		20 F 1
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		9 1
raning address 19717 1917 71 1 001 07 1 1 CH 19070		SSE P III
		- : : : : : : : : : : : : : : : : : : :
<ol> <li>If amending the registered agent and/or registered offigent and/or the new registered office address here:</li> </ol>	ice address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres.	<u> </u>
	. Flo	orida
	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 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>	<u>Name</u>	Address	Type of Action
AMBR_	RICARDO R LAZO	2504 2ND PL SW. VERO BEACH F L32962	<b>=</b> Add
			Remove
		<u></u>	Change
AMBR	DANIEL D GUTIERREZ	2735 3RD PL SW LOT 27	□Add
		VERO BEACH FL 32968	□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			□Remove
			□Change
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an eff lote:	ve date, if other than the date of filing:
recor Lis fil	d 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 ed.
ated	JUNE 12
	JUNE 12 . 2024  Picacio La 70  Signature of a member or authorized representative of a member