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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT.	aqueriu Leo	ot UC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
		S Ronquillo Ha	Mnez
	Toque	ria Leon 1 LLa	<u> </u>
	4211_	NE 13th Are	<u> </u>
		Deco 330 City/State and Zip Code	064
		roquilomortine	
For further information	concerning this matter, please ca		
Carlo Pac	mouillo Martir	12 at (754) 2357 Area Code Daytime To	857 elephone Number
Enclosed is a check for t	he following amount:		
E \$25.00 Filing Fee	☐ \$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 Division of (Section	Street Address: Registration Section Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

Taqueria	Leon	1 LLC		
		as it now appears on our records ulity Company)	<u>.</u>)	
The Articles of Organization for this Limited Liability C Florida document number <u>L23000 BY 11</u>		ere filed on . 3/15/	13 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liabilit	y company here:		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)			
	-			
Enter new mailing address, if applicable:	-		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registere agent and/or the new registered office address here:		lress on our records, <u>enter t</u>	the name of the new registere	<u>ed</u>
agent und of the new regionered office address ner-		ı		
Name of New Registered Agent:	HMP	Professional S	Services and Nove 1	1.1
New Registered Office Address:	<u> </u>	NW 39 th Are Enter Florida street address	61 a19	
	Caor	int Creek . Flo	orida <u>33073</u> Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete pe agent as pro red office ad	rformance of my duties, an wided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is at the limited liability	е

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
Mar	Carlos Ponquille Hartinez	4211 NE 13th Are Pompono Beach, Pl 330	DAdd
	Mar Miles	tonipuro Bach, 71 su	□Remove
			□Change
			□Add
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			□Add
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fective date, if other than effective date is listed, the oter. If the date inserted incument's effective date of	date must be specific n this block does no	and cannot be prior to t meet the applica	to date of filing or mor able statutory filing		ng.) Pursuant to 605.02
record specifies a delayed is filed.	effective date, but	not an effective tii	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
	23	<u>2023</u>	<u>></u> .		
ated May	P		rized representative o		

Filing Fee: \$25.00