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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC.

Account Number : I20190000044 Phone : (407)888-3131

Fax Number : (888)453-0509

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

Email Address: Accountantal toxzoneflicon

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EL PATRON MEXICAN RESTAURANT LLC

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To:

COVER LETTER

Division of Cor			
EL PATRO	ON MEXICAN RESTAURAN	TLLC	٠.
SUBJECT:	Name of Lim	ited Liubility Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ED KOTLER		
		Name of Person	
	TAX ZONE INC		
		Firm/Company	
	8865 COMMODITY CIR	STE 4	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	Arramenta Tarre di anna a pagga de la baleida de gapa es
	ACCOUNTANT@TAXZO	NEPL.COM to be used for future annual report not	
For further information of	oncerning this matter, please c	•	писацоп)
	-		
ED KOTLER		at ()	
Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne 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)
Mailing Addres Registration S		Street Address: Registration Sc	ection
registration :		Acgistration 30	OCLOSE

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

18884530509

EL PATRON MEXICAN RESTAURANT LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) ruted Liability Company)		
	pany were filed on 03/17/2023	and assig	ned
Florida document number L23000136959			
The Articles of Organization for this Limited Liability Company were filed on 03/17/2023 and assigned Florida document number L23000136959 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
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	Liability Company," the designation "LLC" of	or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	And the second of the second o		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		
Enter new mailing address, if applicable:	Parado and a second		
(Mailing address MAY BE A POST OFFICE BOX)	######################################		
	guidelines o gamente de degago, que para es properto a seguina de la companya de la companya de la companya de		
		20	e new registered
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter th	c name of the new i	registered
ment without the new registered white address here.		.5	
N. 631 B. C. 14		· 😘 🗠	
Name of New Registered Agent:			
New Registered Office Address:		- € 	·
	Enter Florida street address	0	
	, Flor		
	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>	Name	Address	Type of Action
AMBR	MAURICIO MARTINEZ LOPERA	18 W OAK ST	\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{
		APOPKA, FL 32703	GRemove
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lote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	
record i is 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 afte ed.	r the
ated_	March 23 2023	
	Signature of a member or authorized representative of a member	