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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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2023 NOV 15 PM 4: 29

COVER LETTER

TO:

Registration Section

Division of C	orporations			
TAQUE	RIA LAS AMIGUIS LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing		
		-		
Please return all corres	spondence concerning this matter	to the following:		
	MONTES SACHEZ, MA	RIA L		
		Name of Person		
	TAQUERIA LAS AMIGU	JIS LLC		
		Firm/Company		
	4509 LEE BLVD			
		Address		
	LEHIGH ACRES, FL 339	71		
	LMLB9777@GMAIL.CO	City/State and Zip Code		2023
	_	(to be used for future annual report notif	ication)	NOV I
For further information	concerning this matter, please c	all:		5
MARIA L MONTES S	SANCHEZ	239 784-5205 at ()		PH L
Name	e of Person		Telephone Number	2023 NOV 15 PH 4: 29
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addr Registration		Street Address: Registration Sec	tion	
Division of	Corporations	Division of Corp	oorations	
P.O. Box 61 Tallahassee		The Centre of Ta 2415 N. Monroe	allahassee · Street, Suite 810)

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAQUERIA LAS AMIGUIS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limi	ted Liability Company)			
The Articles of Organization for this Limited Liability Comp.	any were filed on $\frac{04/29/202}{1}$	3	and assigned	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	2			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
) 	2023 NOV	
				N
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records,	enter the name of	fithe new reg	istered
agent and/or the new registered office address here.		i i	-{ P	- 1
Name of Nau Decist and Asset		<u>ئ</u> ن	n <u>r</u>	
Name of New Registered Agent:			본 2	
New Registered Office Address:	···		<u>т</u> ; Ф	
	Enter Florida stree	t address		
		, Florida	Zip Code	
	City	•	tip Code	
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my dui as provided for in Chapter	ties, and I am fam 605, F.S. Or, if ti	iliar with and his document	d

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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ZARAGOZA MARTINEZ, ROSA	4549 22ND ST SW	□Add
		LEHIGH ACRES, FL 33973	■Remove
			□Change
MGR	MONTES SANCHEZ, MARIA L	3515 3RD ST W	□Add
		LEHIGH ACRES, FL 33971	□Remove
			■Change
			□Add
			Change To Part 4:
			TA 2 FA 2 FA Rossove
			☐Change
			□Add
			□Remove
		-	☐ Change
			□Add
		·	□Remove
			□Change

(If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 ord is filed.	Effective date, if other than the date of filing:					
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Signature of a member or authorized representative of a member	signature of a member of authorized representance of a member	<u> </u>	·			
Signature of a member or authorized representative of a member	signature of a member of authorized representance of a member	Maria & Montes				
	MARIA I MONTES SANCHEZ	Signature of a'n	nember or authorized	representative of a memb	oer	

Filing Fee: \$25.00