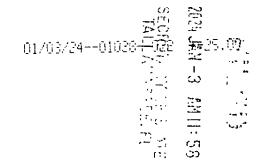
L23 000 497 13S

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special lastruations to Filing Officer
Special instructions to Filling Officer.
Certified Copies Certificates of Status Special Instructions to Filing Officer:





500421093195



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIO S TACOS Y MASSS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) _ and assigned Florida document number L23000497135 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MIO S TACOS Y MASS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___

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.

City

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
			□Add
			□ Change
			□Add
			□Remove
			☐ Change SEC 2024 FAC EDAdd 114
			Ω □ Remove "7
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Add
			□Remove
			□Change
			□Remove
			□Add
			Петоче
			□Change

			
<u> </u>		<u> </u>	
			_ _
			_
	<u></u>		
<u> </u>			<u> </u>
			124 J
			>>
			2
 			
	· · · · · · · · · · · · · · · · · · ·		73 77 79
		·	
ective date, if other than the o	late of filing:	(option filing or more than 90 days after fi	.al) ling.) Pursuant to 605.020
te: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statu	tory filing requirements, this c	late will not be listed a
•			
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after the
DECEMBER 29 ted	2023		
ted	·		
	/// lignature of a member or authorized repr		

.

T. T. C. C. C.

COVER LETTER

TO: Registration Se Division of Cor			
MO S TAC	OS Y MASSS, LLC		
SUBJECT:			
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DOMINGA MARTE		
		Name of Person	
		Firm/Company	
	9841 EDMONTON DR		
		Address	
	LAND O LAKES, FL 3463	38	
		City/State and Zip Code	
	MYMY70_2000@HOTMA	IL.COM	207 SE
	E-mail address: (t	to be used for future annual report notification	ation)
For further information c	oncerning this matter, please ca	all:	2024 JAN - 3 SECRETANIA TALLATIA
ANA LAMB		435 8492360	<u> </u>
		at ()	45
Name o	f Person	Area Code Daytime T	Telephone Number (7)
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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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