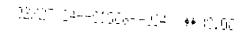
## L23000552200

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

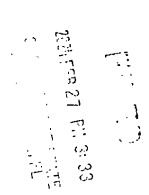
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
erm ic		A LAS TARASCAS RESTAU	JRANT LLC	•	
SOBIL	CT:		ited Liability Company		
The ene	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		LAURA GUTIERREZ TA	APIA		
			Name of Person		
		_			
		_			
		E-mail address: (	to be used for future annual report notif	fication)	
For furth	ner information co	oncerning this matter, please c	all:		
LAURA	A GUTIERREZ T	`APIA	786 7520415		
	Name of	Person	Area Code Daytime	e Telephone Number	المال ال 
Enclosed	I is a check for th	e following amount:			5
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contadditional contaddition	g Fee, of Status &

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAQUERIA LAS TARASCAS RESTAURANT LLC

(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L23000552200	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
LAS TARASCAS RESTAURANT LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the ab	breviation "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:  (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:	ed office address on our records, enter the nam	e of the new regis
		`
Name of New Registered Agent:		-1
New Registered Office Address:		1 14
	Enter Florida street address Florida	3: 33 3: 33
	City , I Kirida	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
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an effective date is r lote: If the date ir	isted, the date must iserted in this blo	ck does not m	eet the appli	cable statut	ory filing re	nan 90 days : quirements,	this date	will pot	be listed a
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record specifies a	delayed effective	date, but not	an effective (	time, at 12:	01 a.m. on ti	he earlier of	(b) Th	e 90th da	iy after the
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Dated	<del>-</del>	Signature of a r	nember or aut	orized repre	sentative of a	member			

Filing Fee: \$25.00