

2/7/24, 2:31 PM

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L2400052726

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000052729 3)))



H740000527293490

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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)453-0529

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

Email Address: Accounting@taxzonefl.com

RECEIVED

2024 FEB -7 PM 2:57

DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 MEXICAN RESTAURANT BAR & GRILL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLahassee, FL

2024 FEB -7 AM 8:57

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

FEB -8 2024

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEXICAN RESTAURANT BAR & GRILL LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/30/2024 and assigned Florida document number L24060055726

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COZUMEL MEXICAN RESTAURANT BAR & GRILL LLC

The new name must be distinguishable and contain the words "Limited 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 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

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 Changing Registered Agent, Signature of New Registered Agent

FILED 2024 FEB -7 AM 8:58 SECRETARY OF STATE TALLAHASSEE FL

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

