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STATE OF SOUTH CAROLINA SECRETARY OF STATE

NOTICE OF CHANGE OF (1) DESIGNATED OFFICE, (2) AGENT FOR SERVICE OF PROCESS, OR (3) ADDRESS OF AGENT LIMITED LIABILITY COMPANY – DOMESTIC AND FOREIGN

Pursuant to the 1976 S.C. Code of Laws, as amended, §33-44-109, the limited liability company submits the following statement of change.

The name of the limited liability company is:		
	TIENDA MEXICANA EL MARIACHI #3 LLC	
2.	The limited liability company is (check either "a" or "b", whichever is applicable):	
X	a. A South Carolina limited liability company.	
	b. A foreign limited liability company authorized to transact business in South Carolina.	
3.	a. The South Carolina street address of the current designated office for the limited liability company is: 1735 Decker Boulevard	
	(Street Address)	
Columbia, South Carolina 29206		
	(City, State, Zip Code)	
	b. The name of the company's current agent for service of process is:	
	VICENTE TELEZ	
	(Name)	
	c. The South Carolina street address of the current registered agent's office is: 315 FAIRVIEW ST	
	(Street Address)	
	GREENWOOD, South Carolina 29649	
	(City, State, Zip Code)	
4.	Check and complete <u>all</u> boxes (a-c) that apply.	
	a. The company is changing the address of its designated office.	
	The new South Carolina address of the designated office of the limited liability company is:	
	(Street Address)	
	(City, State, Zip Code)	

	TIENDA MEXICANA EL MARIACHI #3 LLC
	Name of Limited Liability Compan
X b. The company is changing its agent for service o	f process.
The name of the company's new agent for service	of process is:
Jose Telez	
(Name)	
I hereby consent to the appointment as registered a	agent.
Jose Telez	
(Agent's Signature)	
c. The company is changing the street address of t	the agent for service of process.
The new South Carolina street address of the regis 1735 Decker Boulevard	tered agent's office is:
(Street Address)	
Columbia, South Carolina 29206	
(City, State, Zip Code)	
5. Unless otherwise specified, these articles are effective	e when endorsed for filing by the Secretary of State. Specify the
time and date of any delayed effective date(Date)	
Date:	
Signed as Authorized Signature: Jose Telez	
(Signature)	
Jose Telez	
(Print Name)	
Capacity/Position of Person Signing (You must check o	ne box.)
Manager Member Organizer	
Fiduciary Attorney-in-Fact	