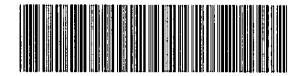
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2022 JUN 17 AM 10: 58

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
WAYUU I SUBJECT:	LATIN KITCHEN LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter		
	FRANKLIN HERNANDE	:Z	
		Name of Person	
	WAYUU LATIN KITCHI	EN LLC	
		Firm/Company	
	1409 E VINE STREET		
		Address	 _
	KISSIMMEE, FL 34744		
	eltravieso346@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ration)
For further information of	concerning this matter, please c	alt:	
ERNESTO NUNEZ		407 344-0873	
Name (of Person	at () Area Code Daytime T	Felephone Number
Enclosed is a check for t	he 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 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 17 AM 10: 58

WAYUU LATIN KITCHEN LLC		36 32
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our reco ida Limited Liability Company)	rds. TALLAHASSEE. FL
he Articles of Organization for this Limited Liability	Company were filed on 4/15/2022	and assigned
lorida document number L18000221507	<u>.</u>	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LL	.C" or the abbreviation "L.1C."
nter new principal offices address, if applicable:		**
Principal office address MUST BE A STREET ADI	DRESS)	
Total many modified address if south the		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
rading duares, SIAT BE A FOST OFFICE BOX		
		<u>,, ,, ,, , , , , , , , , , , , , , , ,</u>
. If amending the registered agent and/or register	red office address on our records, <u>ente</u>	r the name of the new regis
gent and/or the new registered office address here	;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	PSS .
	F	lorida Zip Code
	City	Zip Codv

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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			□Remove
			□Change
 		 .	□Add
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ffective date, if other than	the date of fi	ling:			(optional	1)	
an effective date is listed, the da ote: If the date inserted in t	te must be specific	and cannot be pr	ior to date of tilin	g or more than 90	days after filin	g.) Pursuant	ito 605.02 be listed
ocument's effective date on	he Department o	of State's recon	ds.	y mag require	ikiis, tiis dat	e will ikk	be fisted
record specifies a delayed ef	fective date, but	not an effective	time, at 12:01	a.m. on the ear	lier of: (b) T	he 90th da	ıy after tl
is filed.							
JUNE 13		2022					
ated	1		•				
	, ,						

Typed or printed name of signee