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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
SUBJECT:	Latasian LL	C	*	ria de la companya d La companya de la companya della companya del
		Name of Lim	ited Liability Company	70
				20 July
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Anthony Franklin		
			Name of Person	
			Firm/Company	
		13641 Artesa Bell Dr		
			Address	
		Riverview/FL 33579		
			City/State and Zip Code	
		eggrollsandempanadas@ou		
		E-mail address: (to be used for future annual report no	dification)
For further is	nformation co	oncerning this matter, please c	all:	
Anthony Fra	ınklin		407 9288128	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
	lahassec, F			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

LATASIAN L.L.C.

20 July 6 My 8:25 (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 June 3, 2019 __ and assigne Florida document number L19000146544 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ANTHONY FRANKLIN	13641 ARTESA BELL DR	■Add
		RIVERVIEW FL 33579	□Remove
			Change
AMBR	JENNIFER MARTINEZ	13909 FELIX WILL RD	bdd
		RIVERVIEW FL 33579	≣Remove
			□Change
AMBR	DEBORAH FRANKLIN	13641 ARTESA BELL DR	□Add
		RIVERVIEW FL 33579	■Remove
			Change
	775. F. STAR CO. LAR.		
			□Remove
			□Change
			
			□Remove
			Change
	··		🗀 Add
		**************************************	□Remove
			□Change

Fective date, if other than the date of filing:						
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