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COVER LETTER

TO: Registration S Division of Co			
L2000011			
SUBJECT:	Name of Lim	nited Liability Company	··•
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EUSTOQUILA HERNAN	IDEZ HERNANDEZ	
		Name of Person	
	HDEZ2 FOODS, LLC		
		Firm/Company	
	1767 HERMITAGE BLVI	D APT 11108	
		Address	
	TALLAHASSEE, FL 323	08	
		City/State and Zip Code	 .
	COTI.VICT@GMAIL.COM	M to be used for future annual report notif	fication)
For further information	concerning this matter, please c		
JUAN M GARCIA		954 498 4390	
Name of Person		at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of O P.O. Box 63 Tailahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Bally May 25

HDEZ2 FOODS, 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 Liabili	ity Company	were filed on 05/0	07/2020	and assigned
Florida document number 1.20000121097				
This amendment is submitted to amend the followin	ng:			
A. If amending name, enter the new name of the	limited liab	oility company her	r <u>e</u> :	
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	2:			
(Principal office address MUST BE A STREET AI	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u>V)</u>			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		address on our re	cords, <u>enter the nar</u>	ne of the new registered
				
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flori	da street address	
<u> </u>	d agent and/or registered office address on our records, enter the name of the new red office address here: ered Agent: ee Address: Enter Florida street address Florida			
		City		Zip Code
New Registered Agent's Signature, if changing Regis	stered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MR	JUAN M GARCIA	1767 HERMITAGE BLVD APT 11108	□ Add
			≡ Remove
			□Change
MGR	EUSTOQUILA HERNANDEZ	1767 HERMITAGE BLVD APT 11108	
			□Remove
			□ Change
			□Add
			□ Remove
			Change
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	ifies a delaye	ed effective date	, but not an	effective tir	me, at 12:01 :	a.m. on the ea	rlier of: (b)	The 90th day i	ifter the
is filed.									
MAY	7		2	020	_				
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		Signa	ture of a men	ther or antho	rized represen	tative of a men	iber		

Filing Fee: \$25.00