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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAtin os towing LIC
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
VUNAIRE VIELMA-VALENCIA Name of Person
LAtino's tourng uc
2312 S. 58th st
City/State and Zip Code
City/State and Zip Code UNAIRELY OGMAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YUNAIRE VIELMA- VALEUGIA 8139984996 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

LAtinos towin	9 LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number 88-1794261	vere filed on 4-15-2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	Company "the decimation "LLC" as the abbreviation w. L.C."
Enter new principal offices address, if applicable:	company, the designation three of the appreviation that, C.
(Principal office address MUST BE A STREET ADDRESS)	\sim N/ Λ \sim \sim
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	NA S
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	NIA
New Registered Office Address:	Enter Floriga street address
	. Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office and	rformance of my duties, and I am familiar with and vided for in Chapter 605 F.S. Or, if this document is

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
MGR	Manuel Ortiz	6264 tensemrs	ZAdd
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	2/10/2024
Effecti (If an effe	re date, if other than the date of filing: (optional) crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
rote:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
the record ford is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated_	8/10/24
	Abolne b
	Signature of a member or authorized representative of a member
	Y UNDITE VIELMA - VAIENCIA Typed or printed name of signee