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COVER LETTER

TO: Registration So Division of Cor			ţ.		
LATIN RO	OTS LLC		•		
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DANIEL GIANDONI VA	ZQUEZ			
		Name of Person			
	- Mucho	Finn/Company			
	347 LARGO CAY CT. AF	PT 102. BLD 9.			
		Address			
	OCOEE, FL. 34761				
		City/State and Zip Code			
	DANIELGIANDONI@GM	IAIL.COM to be used for future annual report not	(Continue)		
for further information c	oncerning this matter, please c		measion		
DANIEL GIANDONI V	AZQUEZ	754 267-7799			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration !		Street Address: Registration Se	petian		
Division of C		Registration Section Division of Corporations			
P.O. Box 632	7	The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monro Tallahassee, FI	e Street, Suite 810 232303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 08/03/2022 Florida document number <u>L22000341923</u> 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 "LLC." 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:

LATIN ROOTS LLC

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DANIEL GIANDONI VAZQUEZ	347 LARGO CAY CT. APT 102, BLD. 9	
	Juster Jal.	OCOEE, FL. 34761	■Remove
0			□Change
			□Add
			□Remove
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			□Remove
			□Add
			□Remove
			□Change

			□Remove
			□Change

lf amending	g any other information	, enter change	(s) here: <i>(At</i>	tach additional .	sheets, if necess	ary.)	
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Effective da	te, if other than the dat	e of filing:	31/2023	. <u></u>	(option	al)	
Note: If the	date is listed, the date must be date inserted in this block effective date on the Depar	does not meet th	e applicable st	of filing or more th attitory filing req	an 90 days after fil uirements, this d	ing.) Pursuant to 60 ate will not be lis	15.0207 (3 sted as th
e record spec rd is filed.	ifies a delayed effective da	te, hut not an eff	ective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day aft	er the
Dated SEPT	EMBER 3rd	202.	3				
	~		7//				
	£ 11.	11 /					

Filing Fee: \$25.00

Typed or printed name of signee