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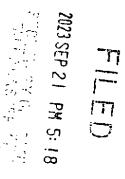
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## **COVER LETTER**

TO:	Registration S Division of Co	Section orporations	• 1	· ·
eun ir	Hegtor's L	atin Cuisine LLC		
SUBJE	C1:	Name of Lin	nted Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
		Hector M Fernandez		
			Name of Person	
			Firm/Company	
		5238 San Palermo Dr		
			Address	
		Bradenton, FL 34208		
		1 ( ) 1 ( ) 1	City/State and Zip Code	
		hmfernandez14@gmail.con E-mail address: (	i to be used for future annual rep	ort notification)
For furth	her information	concerning this matter, please c	all:	
Hector I	M Fernandez		646 245-9 at ( )	128
	Nume	of Person	Area Code	Daytime Telephone Number
Enclosed	d is a check for	the following amount:		
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Addr	
	Registration Division of C			on Section of Corporations
	P.O. Box 633	27		e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hector's Latin Cuisine 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 Liability Company were filed on  $\frac{03/03/2023}{1}$ and assigned Florida document number  $\frac{1.23000113899}{1.0000113899}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Hector's Ventures LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Hector M Fernandez Enter new principal offices address, if applicable: 5238 San Palermo Dr (Principal office address MUST BE A STREET ADDRESS) Bradenton, FL 34208 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: Hector M Fernandez Name of New Registered Agent: 5238 San Palermo Dr New Registered Office Address: Enter Florida street address \_, Florida 34208 Zip Code Bradenton

## 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.

Cuv

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
	<del></del>		□Add
			□Remove
			□ Change
			□Add
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Effect	tive date, if other than the date of filing:(optional) Tective 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 605.02	
i an ci Note:	fective 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 605.02.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	.07 as
	nent's effective date on the Department of State's records.	
e reco rd is fi	rd 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 fled.	ic
<b>.</b>	09/19/2023	
Dated		
	Signature of member authorized representative of a member	

Typed or printed name of signee