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COVER LETTER

| Latin | Rest LLC | | |
|--|--------------------------------|--|--|
| To: Registration Section Division of Carporations SUBJECT: LATEN Best LLC 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: Alejandro Andress Perez Mora Name of Person President / Latin Best LLC FinanCompany 18 35 Lod lam RD APT. 7 Address Milan, Fl 33155 City/State and Zip Code Alerianti & & O Jahoo. Com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Alejandro Andres Peroz Mora Name of Person Final address (to be used for future annual report notification) For further information concerning this matter, please call: Alejandro Andres Peroz Mora Name of Person For further information concerning this matter, please call: Alejandro Andres Person For further information concerning this matter. Area Code Daytine Telephone Number For Certificat of Status Certified Copy (radditional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 23214 Support Andres Street, Suite 810 | | | |
| | The enclosed Articles of A | Amendment and fee(s) are sub- | nitted for filing. |
| Please return all correspon | dence concerning this matter t | to the following: | |
| | Alejandro | Andres Perez Mo | DEA |
| | President | · / Latin Best LL | C |
| | | Firm/Company | |
| | 1825 Ludla | m RD APT. 7 | |
| | | Address | |
| | Miami, Fl | 33155 | |
| | 40 0 0 | City/State and Zip Code | |
| | AVENIAMI 86 (C) | YADOO. COM to be used for future annual report notific | cation) (20 c |
| For further information co | | | |
| Alejandro An | udies Peroz Mori | 4 at (786) 819 - 7. Area Code Daytime | 833 Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| ■ S25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Registration S Division of C P.O. Box 632 | Section orporations 7 | Registration Sectorial Division of Corporate The Centre of Taxonian Property of Taxonian Registration Sectorian Sect | orations illahassee |
| Tallahassee, F | FL 32314 | 2415 N. Monroe | Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | est LLC | | _ |
|--|--|---------------------|---------------|
| (Name of the Limited L (A F | iability Company as it now appears on our records.) lorida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liabil Florida document number 4240005664 | | and a | assigned |
| This amendment is submitted to amend the following | | | |
| A. If amending name, enter the new name of the | | | |
| 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 | e: | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO) | <u> </u> | - 5 |) |
| | | | 7 - 1 |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he | stered office address on our records, <u>enter the na</u> ere: | ime of the <u>i</u> | registere |
| Name of New Registered Agent: | | | <u>မှ</u> |
| New Registered Office Address: | Enter Florida street address | | |
| | , Florida | | |
| - | City | Zip Co | de: |

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 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> | <u>Address</u> | Type of Action |
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| Alejandro A. Perez Mora Camending Middle m | ime from |
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| ective date, if other than the date of filing: (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. | nal) iling.) Pursuant to 605.0 |
| e: If the date inserted in this block does not meet the applicable statutory filing requirements, this | date will not be listed |
| ument's effective date on the Department of State's records. | 3: 29 |
| | , |
| cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed. | The 90th day after |
| | |
| ed 02-20-2024 | |
| A. | |
| 14 mily | |
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| Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00