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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: H	EZCO LATAM	1 U.C	
John Bett.		ited Liability Company	<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ANDRES	MUKEU .	
		Name of Person	
	MEZC	O LATAMILL	
		Firm/Company	
	671 U	U 18TH STREET	-
	<u>.</u>	V 18 <sup>TH</sup> ST ZEET	
	HALF	AH FLORIDA -	3301 <i>0</i>
		AH FURIDA =	
	AM	UKEL @ GHAIL to be used for future annual report not	·LOM
For further information co	E-mail address: ( oncerning this matter, please c		ification)
			<del>-</del>
AN DICE S	MUKEU	at (AB6) 680 Area Code Daytin	n Talankana Numbar
Name (	r r crson	Area Code Dayun	ie reiejakine ivanioei
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C	orporations	Division of Co	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Mong	
rananassee, 1	L 24214	4410 IN, WIOHIT	oe Street, Suite 810

Tallahassee, FL 32303

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

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ARTICLES OF (	ORGANIZATION 💮 💝
	OF Commonwealth of the Com
-MEZCO L	ATAM UC - 02
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on JUNT 2029 and assigned
Florida document number L24000 Z48861	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
MEZKO LATAM	11 C.
The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be distinguishable and contain the words. Elimited Flate	
Enter new principal offices address, if applicable:	671 W 18TH STREET
(Principal office address MUST BE A STREET ADDRESS)	HIALEAH FLORIDA
	33010 ·
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	
D. If any and in a the mental and a mental and the	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of Street Day for a 1-4	•
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
Non Devictored County Commence if the entire Devictored Language	

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>	Name .	Address	Type of Action
			☐Add
			□Remove
			Change
			□Add
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record specifies a delayed effer is filed.	tive date, but not an	n effective tim	e, at 12:01 a.n	n. on the earlie	er of: (b) The S	90th day after the
ned JULY 5th	· · · · · · · · · · · · · · · · · · ·	2024	_ •			
	ANI	DRES	MUIFE	<u>ر</u>	_	<i>.</i>
	Signature of a men	mber or authori	zed representat	ive of a member	•	