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COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Tienda Hispana Los Paisanos LLC Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspo	ondence concerning this matte	τ to the following:			
	Siany M	Name of Person	Santos		
		Firm/Company			
	234 US	Highway 331 N	North Definiak		
City/State and Zip Chde					
E-mail address: (to be used for future annual report notification)					
For further information co	oncerning this matter, please o	eall:			
SUC Name of	Name of Person at (850) 410 5138 Area Code Daytime Telephone Number				
Enclosed is a check for th	e following amount:				
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)		
Mailing Address: Registration Section Street Address: Registration Sec		ion			
Division of Co P.O. Box 6327	Division of Corporations Division of Corporations		orations		
P.O. Box 6327 The Centre of Tallaha Tallahassee, FL 32314 2415 N. Monroe Stree					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24003 +0242</u>		4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Tienda Hisana Los The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	234 US Highwa	y 33/1
(Principal office address MUST BE A STREET ADDRESS)	North Detrick	Spring.
Enter new mailing address, if applicable:	234 us Highwa	ay 331
(Mailing address MAY BE A POST OFFICE BOX)	North Detinia	k spring.
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the nam	e of the new registered
New Registered Office Address:		
	Enter Florida street address	25
	, Florida	n3
	City	Zip Code

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
			□ Change
			
			□Remove
			Change
		-	□Add
			□ Remove
			GChange
			□ Add
			□Remove
			□Change
			
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change of Name:
Tienda Hispana Los Hispanos, by the
correct name Tienda Hispana Los Paisanos
E. Effective date, if other than the date of filing: (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated $08/27/2024$,
Signature of a member of authorized representative of a member
Suany M. Euceda S Typed or printed name of signee