L09000098044

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T. HAMPTON

COVER LETTER

TO: Registration Section **Division of Corporations** Daiagi Investments, 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: Scott Daiagi Name of Person Firm/Company 2512 SW 30 Avenue Address Pembroke Park, FL 33009 City/State and Zip Code Ituxbury@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954₄₅₇₋₁₀₀₀ Scott Daiagi Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,

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(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daiagi Investments, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on o	our records.)
The Articles of Organization for this Limited Liability Con Florida document number L09000098044 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited S Investments, LLC	npany were filed on October	
The new name must be distinguishable and end with the words	"Limited Lighility Company" t	ne designation "I I C" or the 4hhreviation
"L.L.C."	Limited Liability Company, in	the designation Description the abbreviation
Enter new principal offices address, if applicable:	2512 SW 30 Ave	nue 💮
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u> Pembroke Park, I	Florida 33009
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mutung uturess MAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	ss here:	ecords, enter the name of the new
	Linei I i	ા માત કા હદા વાવા દહક
	~-	, Florida
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Kelilove	
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			SECULETIAN PROPERTY OF THE PRO	
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			ORIO A	
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D. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)			
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-				
December 20	2042			
Dated December 20	, <u>2013</u> .			
1				
	ure of a member or authorized representative of a member			
Scott Daiagi				
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF TALLAHASSEE. FI

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