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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DIEGO LOZANO, LLC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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Electronic Filing Menu

Corporate Filing Menu Y SULKERHelp

NOV 23 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DIEGO LOZANO, LLC.   |                                |   |                           |  |                            |                 |              |
|--|--------------------------------|---|---------------------------|--|----------------------------|-----------------|--------------|
| (Name of the Limited Liab<br>(A Flori  | iliry Company<br>da Limited Li | es it now<br>bility Com                 | Appears on or<br>pany)    | r records.)                            |                            | -               |              |
| The Articles of Organization for this Limited Liability Florida document number L20000293638   |                                |   |                           |  | and :                      | assigned        |              |
| This amendment is submitted to amend the following:  |                                |   |                           |  |                            |                 |              |
| A. If amending name, enter the new name of the lin   | nited liabili                  | iy cumpa                                | ny here:                  |  |                            |                 |              |
| DIEGO A, LOZANO LLC  |                                |   |                           |  |                            |                 |              |
| The new name must be distinguishable and contain the words "Lit  | mited Liability                | Company.                                | the designation           | on "LLC" or th                         | e abbreviarion '           | 11 C            |              |
| Enter new principal offices address, if applicable:  |                                |   | -                         |  |                            |                 |              |
| (Principal office address MUST BE A STREET ADD   | RESS)                          | ·                                       |                           |  |                            |                 | _            |
|  |                                |   |                           | <del></del>                            | <del></del>                | <del></del>     |              |
|  | _                              |   |                           | ······································ |                            | · <del></del>   |              |
| Enter new malling address, if applicable:  |                                |   |                           |  |                            |                 |              |
| (Mailing address MAY BE A POST OFFICE BOX)   | _                              |   |                           |  |                            |                 |              |
|  | _                              | *************************************** |                           |  | 50                         | [S              |              |
|  | _                              |   | ·                         |  |                            | - <del>13</del> |              |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here:   | d office add                   | ress on u                               | ur records,               | enter the na                           | me of the n                | w regis         | tered-       |
| agent analog the new registered office address here:   |                                |   |                           |  | 43.53<br>12.53             | 0               | ·            |
| Name of New Registered Agent:  |                                |   |                           |  | 137.                       | 玉               |              |
| <del></del>  |                                | *- <del></del>                          | **                        |  |                            | <u> </u>        | _ ''         |
| New Registered Office Address:   | <del></del>                    |   | Florida street            |  | ر .<br>رسید<br>توکیا - است | رب<br>ان        |              |
|  |                                | ERUN                                    | r Florida street          | address                                | ••                         | ·               |              |
| Marky and a second   |                                | Oh.                                     |                           | Florida _                              | Zip Code                   | ·               | <del>-</del> |
| New Registered Agent's Signature, if changing Registered   | d tasut.                       | City                                    |                           |  | Zip Code                   |                 |              |
| I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conference the obligations of my position as registered agent of the obligations of my position as registered agenty filed to merely reflect a change in the registere company has been notified in writing of this change. | and agree to<br>omplete per    | Jormanzi<br>ided.for                    | e of my duti<br>in Chomer | es, and Ean<br>605 E.S. O              | i familiar wi              | th and          |              |
|  | If Channing                    | Unal to                                 |                           |  |                            |                 |              |
|  | ត សាងចនិញដ                     | wegistered                              | ı Agent, Sigan            | ture of New R                          | egistered Agen             | <u>t</u>        |              |

MGR = Manager

\_\_\_\_\_\_ CRemove

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| Title | Name   | Address  | Type of Action                         |
|-------|--|--|--|
|       |  |  | DAJU                                   |
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|       |  |  | —————————————————————————————————————— |
|       |  |  | D.Add                                  |

| 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 fil Note:  If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records. |   |
|--|---|
| Iffective 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 fil Note:  If the date inserted in this block does not meet the applicable statute   |   |
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| ·  | ng or more than 90 days after filing.) Pursuant to 695,0207 or filing requirements, this date will not be listed as t |
| record specifies a delayed effective date, but not an effective time, at 12:0 is filed.  | l a.m. on the earlier of: (b) The 90th day after the  |
| Nov 18 2020  |   |
| 5)   | 7 /   |
| Signature of a member or authorized repres   |   |

Typed or printed name of signee