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| Special Instructions to Filing Officer: |
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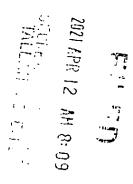
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D. BRUCE MAY 26 2021

## **COVER LETTER**

| TO: Registration So<br>Division of Con |  |   |   |             |
|--|--|---|---|-------------|
| SUBJECT: Diaz Leyva                    | a Group, PLLC                                |   |   |             |
|  |  | nited Liability Company   |   |             |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |   |             |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |             |
|  | Daniel Diaz Leyva                            |   |   |             |
|  |  | Name of Person  |   |             |
|  | Diaz Leyva Group, PLLC                       |   |   |             |
|  |  | Firm/Company  |   |             |
|  | 1501 Venera Avenue, Suit                     | te 203  |   |             |
|  |  | Address   | <del>.</del>  |             |
|  | Coral Gables, FL 33146                       |   |   |             |
|  |  | City/State and Zip Code   | <del></del>   |             |
|  | ddl@diazleyvagroup.com                       |   |   |             |
|  | E-mail address: (                            | to be used for future annual report notif                           | ication)  |             |
| For further information e              | oncerning this matter, please c              | all:  |   |             |
| Daniel Diaz Leyva                      |  | at ( 305) _203-0673   |   |             |
| Name o                                 | f Person                                     | Area Code Daytime   | Telephone Number TALLA  |             |
| Enclosed is a check for the            | he following amount:                         |   | 8 12<br>AH:   | .,          |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | TEN<br>TEMP |

**Mailing Address:** 

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Diaz Leyva & Gil, PLLC   |   |                |                      |                          |
|--|---|----------------|----------------------|--------------------------|
| ( <u>Name of the Limited Liability Con</u><br>(A Florida Limit         | npany as it now appears on our records.)<br>ed Liability Company) | )              |                      |                          |
| The Articles of Organization for this Limited Liability Compa          | iny were filed on February 21, 2017                               |                | and ass              | signed                   |
| Florida document number <u>L17000041252</u> .                          |   |                |                      |                          |
| This amendment is submitted to amend the following:                    |   |                |                      |                          |
| A. If amending name, enter the new name of the limited li              | ability company here:   |                |                      |                          |
| Diaz Leyva Group, PLLC   |   |                |                      |                          |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" of                        | or the abbrevi | iation "L            | .L.C."                   |
| Enter new principal offices address, if applicable:                    |   |                | _                    |                          |
| (Principal office address MUST BE A STREET ADDRESS)                    | <u> </u>  |                |                      |                          |
|  |   |                |                      |                          |
|  |   |                | 2021                 | <del></del>              |
| Enter new mailing address, if applicable:                              |   |                | <u> </u>             | יין די                   |
| (Mailing address MAY BE A POST OFFICE BOX)                             |   |                | - 流<br>- <del></del> | • •                      |
| muning universe MAT BE AT OST OTTICE BOAY                              | <del></del>   |                | 10                   |                          |
|  | <del></del>   | *              |                      | ;:0 <del>2</del>         |
| B. If amending the registered agent and/or registered offic            | ce address on our records, enter th                               | e name of      | က္<br>the nev        | سے،<br><u>v register</u> |
| agent and/or the new registered office address here:                   | · <del></del>   | -              | છા                   |                          |
|  |   |                |                      |                          |
| Name of New Registered Agent:  |   |                |                      |                          |
| New Registered Office Address:   |   |                |                      |                          |
|  | Enter Florida street address                                      |                |                      |                          |
|  | , Flor  | ida            |                      |                          |
|  | City  |                | ip 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

| <u>Title</u> | <u>Name</u> | Address       | Type of Action    |
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| fective date, if other          | r than the date of fi   | ling:                | to date of filing or mo | te than 90 days after | nal)<br>filing 1 Purs | annt to 60   | <u> </u> |
| <u>pre:</u> if the date inserte | ea in this block does n | of meet the applica  | ble statutory filing    | requirements, this    | date will             | not be li    | sted as  |
| ocument's effective dat         | te on the Department    | of State's records.  |                         |                       |                       |              |          |
| ragued aparifas a dalar         | and affantian data that |                      |                         |                       | <b></b>               |              |          |
| is filed.                       | yed effective date, but | not an effective tir | ne, at 12:01 a.m. o     | n the earmer of: (b)  | 1 ne 901              | n day an     | er ine   |
|                                 |                         |                      |                         |                       |                       |              |          |
| ated April 7                    |                         | , 2021               |                         |                       |                       |              |          |
| ····                            |                         | ı ·                  | 2                       |                       |                       |              |          |
| K                               |                         | 1                    |                         |                       |                       |              |          |
| Da                              | mul d                   | han te               | Ju-                     |                       |                       |              |          |
| Da                              | Signature o             | of a member or autho | rized representative of | of a member           |                       |              |          |