

LOS000041089

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Document Number)

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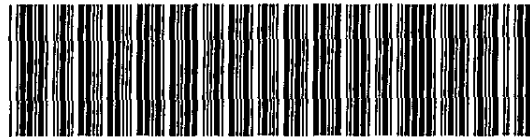
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A DIARIO, 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:

LEONARDO TABORDA

(Name of Person)

A DIARIO, LLC

(Firm/Company)

P.O. Box 18465

(Address)

WEST PALM BEACH, FL 33416 - 8465

(City/State and Zip Code)

For further information concerning this matter, please call:

LEONARDO TABORDA

(Name of Person)

at (561) 644-9740

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

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

FILED IN 12-01-05

05/11/12 07:05

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

A DIARIO, LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 4/27/2005 and assigned document number LO5000041089.

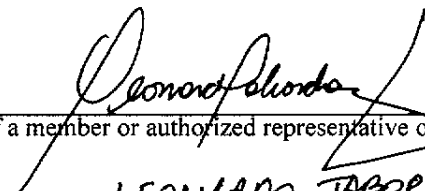
**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

ARTICLE II : (NEW ADDRESS) P.O. BOX 18465, WEST PALM BEACH, FL 33416-8465

ARTICLE V : (ONLY ONE MANAGING MEMBER)

- LEONARDO TABORDA - MANAGING MEMBER
- SAME ADDRESS: 109 MAPLEWOOD DRIVE  
GREEN ACRES, FL 33415

Dated 5/9, 2005.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

LEONARDO TABORDA  
\_\_\_\_\_  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**