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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
AUG 09 2012  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Di-GIA 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:

Roberto Gonzalez

Name of Person

Gonzalez & Partners CPAs, LLC

Firm/Company

2199 Ponce De Leon Blvd, Ste 200

Address

Coral Gables, FL 33134

City/State and Zip Code

rgonzalez@rgcpa.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Gonzalez

Name of Person

at ( 305 ) 447-8886

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

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

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TALLAHASSEE, FLORIDA

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Di-GA Investments, LLC

(A Florida Limited Liability Company)

Page 1 of 2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
RA	Ileana Diaz	1112 NW 71 Terrace Miami, FL 33178	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Ileana Diaz	4420 SW 63rd Ave Miami, FL 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

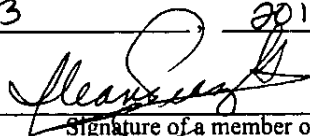
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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AND  
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Dated August 3 2012



Signature of a member or authorized representative of a member

ILEANA DIAZ

Typed or printed name of signee