

L060000003894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
2006 FEB 20 PM 3:43
TALLAHASSEE, FLORIDA

FEB 22 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIAZ, LLC.

(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DESIREE DIAZ

(Name of Person)

DIAZ, LLC

(Firm/Company)

10436 ORANGE GROVE DR

(Address)

TAMPA, FL 33618

(City/State and Zip Code)

For further information concerning this matter, please call:

DESIREE DIAZ

(Name of Person)

at (813) 453-3893

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

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2006 FEB 20 PM 3:43
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
DIAZ LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)


- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
NAME OF LLC IS INCORRECT. PLEASE CHANGE THE NAME TO

DIAZ FUNDING LLC

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 02-11, 2006



Signature of a member or authorized representative of a member

DESIREE DIAZ

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2006 FEB 20 PM 3:43
CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DIAZ LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "FLORIDA")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1304 DESOTO AVE, SUITE 202
TAMPA, FL 33606

Mailing Address:

10436 ORANGE GROVE DR
TAMPA, FL 33618

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DESIREE DIAZ

Name

10436 ORANGE GROVE DR

Florida street address (P.O. Box NOT acceptable)

TAMPA FL 33618

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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FEB 20 PM 3:48
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

DESIREE DIAZ

10436 ORANGE GROVE DR

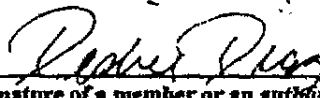
TAMPA, FL 33618

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DESIREE DIAZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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2006 FEB 20 PM 3:43
TALLAHASSEE, FLORIDA

FILED
2006 JAN 10 P 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA