L07000103815

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600297833746

04/13/17--01025--025 **60.00

17 AFR 13 FH 2:40

J. HARRIE.

COVER LETTER

Division of Co			
GABY AN	ND ALEX DIAZ PROPERTIES	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	IGNACIO DIAZ		
		Name of Person	
	GABY AND ALEX DIAZ	PROPERTIES LLC	
		Firm/Company	
	7702 WATERMARK LAN	NE S	
		Address	
	JACKSONVILLE, FL 322	56	
	DIAZVENDRELL@COM	City/State and Zip Code	
	_	to be used for future annual report notific	cation)
For further information	concerning this matter, please co	all:	
IGNACIO DIAZ		904 446-9205 at ()	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount.		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GABY AND ALEX DIAZ PROPERTIES L		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	_)
The Articles of Organization for this Limited Liability C Florida document number L070000103815	Company were filed on 10-11-2007	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<u>a</u>
		2
		ن بن
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	_
		rida
	City	Zip 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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	IGNACIO DIAZ	7702 WATERMARK LANE S; JA	■ Add
		- -	□ Remove
			Change
			Remove
			Change
			
			□ Remove
			☐ Change
			Remove
			Change
			17
			Remove F
			Remove [7]
			Add
			Remove
			☐ Change

-			
- 			
-			
			 -
			_
ffective date, if other than the date an effective date is listed, the date must be stote: If the date inserted in this block document's effective date on the Depart	pecific and cannot be prior to date of filing or mor does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to crequirements, this date will not be I	605.0207 listed as
e record specifies a delayed eff The 90th day after the record	ective date, but not an effective tir is filed.	ne, at 12:01 a.m. on the ea	rlier o
	2017		
ated APRIL ELEVENTH	·		
ated	And A A A A A Samuel at the second at the se	f a member	17 åpp
ated	ature of a member or authorized representative o		7.7

Page 3 of 3

Filing Fee: \$25.00