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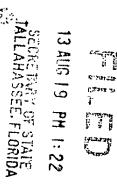
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

# DIAZ HOLDINGS-HILLSBOROUGH, 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:

## JOAQUIN LAMAR DIAZ

Name of Person

## DIAZ HOLDINGS-HILLSBOROUGH, LLC

Firm/Company

## 1825 LEO CLEMONS LANE

Address

# PLANT CITY, FL 33565

City/State and Zip Code jncdiaz1@verizon.net

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

For further information concerning this matter, please call:

# STEVEN L. SPARKMAN

813, 759-1444

Name of Person

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)

Section of Status & Certificate of Status & Certified Company is engosed)

#### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S-HILLSBOROUGH, LLC			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on or imited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Conference   Florida document number   L0800082219	ompany were filed on Augus	st 28, 2008	and assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
(not amen	ding name)			
The new name must be distinguishable and end with the wor- "L.L.C."	ds "Limited Liability Company," th	e designation "LL	C" or the abbre	viation
Enter new principal offices address, if applicable:	1825 Leo C	Clemons Lane	وا ا	
(Principal office address MUST BE A STREET ADDR	(ESS) Plant City,	Florida 33565	<u>}</u> ≥ ≤ 3	(£ 1 ji <del>yan</del>
Enter new mailing address, if applicable:		Clemons Lane	**************************************	A CONTRACTOR
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regist registered agent and/or the new registered office address.	ered office address on our re	Florida 33565	1: 22 DRIDA	ie new
Name of New Registered Agent:	Joaquin Lamar Diaz			
New Registered Office Address:	1825 Leo Clemons Lane			
	Enter Florida street address			
	Plant City	, Florida	33565	
	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 608, 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

Page 1 of 3

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 Title <u>Name</u> Address Type of Action 5708 Harvey Tew Road Virginia R. Diaz **MGRM** Plant City, Florida 33565 1825 Leo Clemons Lane Joaquin Lamar Diaz **MGRM** Plant City, Florida 33565 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article II is further amended to provide that the principal office shall be the stated location or such other location as may be determined from time to time by vote of Persons holding Interests in the Company. Article IV is further amended to provide that the registered agent and registered office shall be the stated person and location or such other person and location\*

Dated August 13 , 2013

Signature of a member or authorized representative of a member

Joaquin Lamar Diaz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

\* as may be determined from time to time by vote of Persons holding Interests in the Company.

13 AUG 19 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA