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J. BRYAN

FEB 2 2 2009

**EXAMINER** 

## **COVER LETTER**

TO: , Registration S Division of Co	rporations			
SUBJECT:	3 Diez and	Associates LLC		
		ited Liability Company	<del></del>	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	· · · · · · · · · · · · · · · · · · ·	Uberto Diez		
		Name of Person	TERRE TERRE	
		Firm/Company	SSEE SEE	
	10 FEB 19 PM 1: 33 SECRETARY OF STATE LORIO			
	ŀ	Homestead FL 33033	Şm 3	
		City/State and Zip Code  Odiezandassociates.com	·······	
For Conthon in Commention	E-mail address: (	to be used for future annual report notifical	tion)	
ror turtner information	concerning this matter, please of	can:		
Uberto Diez Name of Person		at ( 305 ) 439-0232  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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER Registration Section Division of Corporati		

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

	_ <b>.</b> iez and Assoc						
(Name of the Limited (A	Liability Company a Florida Limited Liab	is it now appears or lity Company)	our records.)				
The Articles of Organization for this Limited Li Florida document number		re filed on	16/2009	and assigned			
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited liability	company here:					
The new name must be distinguishable and end with "L.L.C."	n the words "Limited	Liability Company,"	' the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applica	able:	· · · · · · · · · · · · · · · · · · ·					
(Principal office address MUST BE A STREE	T ADDRESS)		ALLE ALLE	5 5			
			2 X X X X X X X X X X X X X X X X X X X				
			SSE	59			
Enter new mailing address, if applicable:		<u></u>	3 1				
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			<del></del> 0			
			RID	<u>ယ</u> —မ			
B. If amending the registered agent and/or registered agent and/or the new registered of		address on our	records, enter t	he name of the new			
Name of New Registered Agent:	Uberto Diez						
New Registered Office Address:	New Registered Office Address: 3400 NE 3rd Drive						
	Enter Florida street address						
	Hom	nestead	, Florida	33033			
	lity		Zip Code				
New Registered Agent's Signature, if changing R	egistered 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 2

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

MGR = Manager MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> **Address** MGR Fernando U Diez 3400 NE 3rd ☐ Add Homestead FL 33033 ✓ Remove MGR **Uberto Diez** 3400 NE 3rd ✓ Add Homestead FL 33033 ☐ Remove ☐ Add Remove Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated

Typed or printed name of signee
Page 2 of 2

nature of a member of authorized

Filing Fee: \$25.00