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uestor's Name)				
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(City/State/Zip/Phone #)				
☐ WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
, Certificates	s of Status			
Special Instructions to Filing Officer:				
	ess)  State/Zip/Phone  WAIT  ness Entity Nar  ument Number)  Certificates			

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12 JUL 23 PH 3: 0

JUL 2 4 2012 T. HAMPTON

## **COVER LETTER**

. . .

Division of Cor		,		
SUBJECT:	HARR	RIS DIAZ LLC		
SUBJECT:		ited Liability Company		
	Amendment and fee(s) are sub	_		
	S	SHAWN SEECHARAN		
		Name of Person		
	HARRIS DIAZ LLC			
	Firm/Company			
	2632 NW 43rd ST STE B98			
		Address		
	GA	AINESVILLE, FL 32606		
	ALL	City/State and Zip Code		
	E-mail address: (	LY.PTC@GMAIL.COM (to be used for future annual report notification)		
For further information	concerning this matter, please of	call:		
SHAW	/N SEECHARAN	at ( 352 ) 335-0829		
Name	of Person	Area Code & Daytime Telephone Number	r	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &	
	JING ADDRESS:	STREET/COURIER ADDRESS: Registration Section		
Divisi	on of Corporations Box 6327	Division of Corporations Clifton Building		
	nassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



12 JUL 23 PH 3: 0!

(Name of the Limited L	HARRIS DIAZ LLC	on our records.)				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liab Florida document number L100000755	• • •	07/19/2010	and assigned			
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the	he limited liability company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applicab	ole:					
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:						
Name of New Registered Agent:	YONG OH					
New Registered Office Address:	New Registered Office Address: LAW OFFICE OF YONG OH, 2632 NW 43rd ST Suite B-96					
	Enter Florida street address					
	GAINESVILLE	, Florida	32606			
New Registered Agent's Signature, if changing Re	City		Zip Code			
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the company has been notified in writing of the company the company has been notified in writing of the company has been notified in writing the company has been notified in writing the company has been notified in writing the company has been notified in wr	agent and agree to act in this cap oper and complete performance of ered agent as provided for in Cha gistered office address, I hereby o	fmy duties, and I a pter 608, F.S. <b>OF</b> ,	m familiar with and if this document is			

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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>	Address	Type of Action			
MGRM	DAVID WALLE	2632 NW 43rd ST STE B98 GAINESVILLE, FL 32606	Add Remove			
MGRM_	LINDA HOWARD	2632 NW 43rd ST STE B98 GAINESVILLE, FL 32606	Add Remove			
<del></del>			Add Remove 			
<u>MGR</u>	SHAWN SEECHARAN	% HARRIS DIAZ LLC 2632 NW 43rd ST STE B98 GAINESVILLE, FL 32606	✓ Add Remove			
			Add Remove 			
			Add Remove			
D. If amendi	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)				
			12 JUL 23 PH 3: 0			
Dated	JULY)6, 201	·	<i>"</i> ,			
-		or authorized representative of a member				
SHAWN SEECHARAN Typed or printed name of signee						

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Filing Fee: \$25.00