

L10000075512

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 4 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARRIS DIAZ 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:

DAVID WALLE, Office Manager
Name of Person

HARRIS DIAZ LLC
Firm/Company

PO Box 359014
Address

GAINESVILLE, FL 32635
City/State and Zip Code

ALLY.PTC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

DAVID WALLE, Office Manager at (352) 335-0829
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
- \$55.00 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
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**

HARRIS DIAZ LLC

(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 Liability Company were filed on **07/19/2010** and assigned
Florida document number **L10000075512**

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: **c/o HOWARD & WALLE**
(Principal office address MUST BE A STREET ADDRESS) **4324 NW 27th TERRACE**
GAINESVILLE, FL 32605

Enter new mailing address, if applicable: **HARRIS DIAZ LLC**
(Mailing address MAY BE A POST OFFICE BOX) **PO BOX 359014**
GAINESVILLE, FL 32635

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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: **DAVID WALLE**

New Registered Office Address: **4324 NW 27th TERRACE**

Enter Florida street address

GAINESVILLE
City

Florida 32605
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

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	Name	Address	Type of Action
MGR	SHAWN SEECHARAN	% HARRIS DIAZ LLC-2632 NW 43RD ST-STE B98 GAINESVILLE FL 32606 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	U S PENSION ADMINISTRATION LLC	2711 CENTERVILLE ROAD, STE. 120, #6636 WILMINGTON DE 19808 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP,CFO	DAVID WALLE	c/o HARRIS DIAZ LLC PO BOX 359014 GAINESVILLE, FL 32635	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 TALLAHASSEE, FLORIDA

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Dated Resubmitted Oct 12 Amdmt, dtd November 27, 2012

 , VP & CFO

Signature of a member or authorized representative of a member
DAVID WALLE, VP & CFO

Typed or printed name of signee