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COVER LETTER

TO: Registration Se Division of Cor			ŧ
SUBJECT: DIAZ-BAI	JART, PLLC		•
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lincoln Diaz-Balart		
		Name of Person	
	Diaz-Balart, PLLC		
		Firm/Company	
	2929 SW 3rd. Ave., Ste. 4	10	
		Address	
	Miami, FL 33129		
		City/State and Zip Code	
	Daniel@diazbalartlaw.com	to be used for future annual report noti	E
For further information c	concerning this matter, please co	-	neadon)
Daniel Diaz-Balart		at (305) 801-9690	
Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres	ss:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAZ-BALART, PLLC			
(Name of the Limi	ited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited L	Liability Company were	filed on 1/06/2011	and assigned
Florida document number L11000002284	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Cor	npany," the designation "LEC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		<u>.</u>
			2023
			A01:
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			-0 ,!:
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B. If amending the registered agent and/or agent and/or the new registered office addre	• •	ss on our records, <u>enter th</u>	co ne name of the new register
Name of New Registered Agent:	Daniel Diaz-Balart		11.11.11.11.11.11.11.11.11.11.11.11.11.
New Registered Office Address:	2929 SW 3rd. Ave., S	Ste. 410	
		Enter Florida street address	
	Miami	. Flor	ida ³³¹²⁹
	\overline{C}	ity	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	Daniel Diaz-Balart	2929 SW 3rd. Ave., Ste. 410	■Add
		Miami, FL 33129	□Remove
			□Change
			□Add
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fective date, if	other than the date of	f filing:		(optional)	
ote: If the date in	listed, the date must be spee inserted in this block does we date on the Departme	s not meet the applicable	ate of filing or more than a statutory filing requir	90 days after filing.) Pursuant tements, this date will not be	o 605.0207 e listed as :
ecord specifies a is filed.	delayed effective date, b	out not an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90th day	after the
ted Octo	sher 26	2023			
		119			
	_	e of a member or authorize			

Typed or printed name of signee