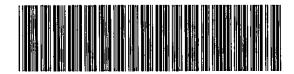
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DIVISION OF CONFORNITIONS

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COVER LETTER

	ion Section of Corporations
DIPL SUBJECT:	AZA 15
SUBJECT.	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	HECTOR DI PRIMIO
	Name of Person
	DIPLAZA 15
	Firm/Company
	6301 COLLINS AVE #28503
	Address
•	MIAMI, FL 33141
	City/State and Zip Code
	CORREO.ADP@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
CLAUDIO ROSEI	NCOVICH 786 389-8686 at () ame of Person Area Code Daytime Telephone Number
N	ame of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	cee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

DIPLAZA 15		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 01/18/2011	and assigned
Florida document number L11000007029		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
DIPLAZA 15 LLC		•
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
B. If amending the registered agent and/or reg		rds, enter the name of the n
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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 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	EDITH MINER		Add
			■ Remove
			□ Change
MGR	HECTOR DI PRIMIO		D Add
			■ Remove
			Change
MGR	ANABEL DI PRIMIO		
			■ Remove
			Change
MGR ———	ALEJANDRO DI PRIMIO		Add
			■ Remove
			□ Change
			Add
			□ Remove
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Fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Department.	k does not	meet the app	olicable statu	filing or more tory filing re	than 90 days a equirements,	ptional) fter filing.) Pu this date wil	irsuant to 605.02
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