

L120000041777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

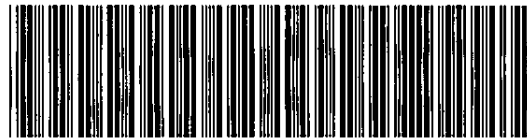
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

DEC 10 2013

CLERK

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DIEGO VELASQUEZ 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:

**DIEGO VELASQUEZ**

Name of Person

**VELASQUEZ & ASSOCIATES LLC**

Firm/Company

**11555 HERON BAY BLVD STE 200**

Address

**CORAL SPRINGS, FL 33076**

City/State and Zip Code

**GARSOZA@BELLSOUTH.NET**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DIEGO VELASQUEZ**

Name of Person

**954 603-0516**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**DIEGO VELASQUEZ 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 MARCH 26TH, 2012 and assigned  
Florida document number L12000041777.

This amendment is submitted to amend the following:

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

**VELASQUEZ & ASSOCIATES LLC**

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE FLORIDA

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, 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 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

| <u>Title</u> | <u>Name</u>      | <u>Address</u>               | <u>Type of Action</u>                   |
|--------------|------------------|------------------------------|---|
| MGRM         | LORENA VELASQUEZ | 11555 HERON BAY BLVD STE 200 | <input checked="" type="checkbox"/> Add |
|              |                  | CORAL SPRINGS, FL 33076      | <input type="checkbox"/> Remove         |
|              |                  |                              | <input type="checkbox"/> Add            |
|              |                  |                              | <input type="checkbox"/> Remove         |
|              |                  |                              | <input type="checkbox"/> Add            |
|              |                  |                              | <input type="checkbox"/> Remove         |
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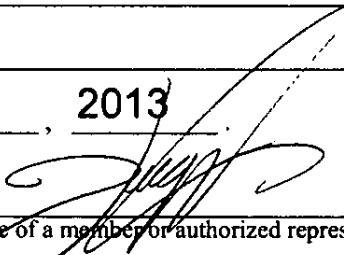
DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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 Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated **DECEMBER 5TH**, **2013**

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**DIEGO VELASQUEZ**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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