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(Re	equestor's Name)	
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COVER LETTER

Divisi	ion of Corp	oorations		
SUBJECT:	DIAROT,	LLC		
SUBJECT: _		Name of Limi	ited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		ANTONIO GONZALEZ		
			Name of Person	
		GONZALEZ & ASSOCIA	TES III PA	
			Firm/Company	
		8436 W OAKLAND PAR	K BLVD	
			Address	
		SUNRISE, FL 33351		
			City/State and Zip Code	
		ERIVAS@AMEFINANCIA		
		E-mail address: (to be used for future annual report notifica	ation)
For further info	ormation co	oncerning this matter, please ca	all:	
ANTONIO G	ONZALEZ		954 773-7286 at ()	
	Name of	`Person	Area Code Daytime T	'elephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 Fil	ling 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

TO:

Registration Section

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

	DIAROT,	LLC	
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number L14000027037	iability Company	were filed on02/17/2014	and assigned
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
			The state of the s
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her	ffice address on our rec e:	cords, enter the name of the new
Name of New Registered Agent:	GONZALEZ 8	& ASSOCIATES III PA	
New Registered Office Address:	8436 W OAKI	LAND PARK BLVD	49
	- 	Enter Florida street d	address : =
	SUNRISE		, 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
AMBR	RICARDO GIMENEZ	3270 NW 113th AVE	■ Add
		SUNRISE, FL 33323	Remove
			Change
AMBR	REYNALDO GIMENEZ	3270 NW 113th AVE	= Add
		SUNRISE, FL 33323	☐ Remove
			□ Change
PT	JORGE L. DIAZ-SANTIAGO	6300 SOUTH FALLS CIRCLE DR	
		APT 113 LAUDERHILL, FL 3331	■ Remove
			Change
VP	ROSANGEL V. DIAZ	6300 SOUTH FALLS CIRCLE DR	Add
		APT 113 LAUDERHILL, FL 3331	⊒ Remove
			2 Change
MGR	GABRIELA ROTVER	6300 SOUTH FALLS CIRCLE DR	o Add
		G!	Remove
			☐ Change
			□ Remove
			Change

frective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing? Pursuagus 605/ force: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste occument's effective date on the Department of State's records. The 90th day after the record is filed. The 90th day after the record is filed. The 10 days after the record is filed.						
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Filing Fee: \$25.00