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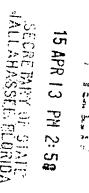
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COVER LETTER

	ision of Cor			
SUBIFCT	FRANK [DIAZ LLC		
object.		Name of Limi	ted Liability Company	
The enclosed	1 Articles of A	Amendment and fee(s) are subt	nitted for filing.	
		ndence concerning this matter t	-	
	•	-	•	
		FRANK DIAZ Sr.		
			Name of Person	
			Firm/Company	
		1110 BRICKELL AV	SUITE 506	
			Address	
		MIAMI FL 33131		
			City/State and Zip Code	
		fdiazmanagement@y	/ahoo.com to be used for future annual report noti	Gooding
For further i	nformation c	oncerning this matter, please ca		iteation)
Frank Di	az Sr.		786 423-0956	;
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is	a check for t	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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIVALIN DIAZ LLO	FRANK	DIAZ LLC	
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(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 Liabil Florida document number <u>L15000055530</u>	lity Company were filed on MARCH 30, 2015	and assigned
Florida document number	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	,	
B. If amending the registered agent and/or	registered office address on our records, ent	er the name of the new
registered agent and/or the new registered office	e address here:	<u> </u>
		APR APR
Name of New Registered Agent:		
Name Descriptional Office Address.		ST CO Print
New Registered Office Address:	Enter Florida street address	
		55 N 17
-	, Florida	22 O
	City	S 'Zip Coae

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	FRANK DIAZ	1110 BRICKELL AV, SUITE 506	Add
		MIAMI FL 33131	■ Remove
AMBR	FRANK DIAZ Sr.	1110 BRICKELL AV SUITE 506	A dd
		MIAMI FL 33131	□ Remove
			Remove
	·		APR PREMOVE
			2: 5 Add
			□ Remove

•		
		/ / · ·
	date of filing: ot be prior to date of receipt or filed date and cannot be morida Department of State)	(optional) re than 90 days after
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date this document is filed by the Flo	orida Department of State) , 2015	
date this document is filed by the Floed APRIL 10,	orida Department of State)	_

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SECREMARY OF STATE