## Lis 000167056

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## **COVER LETTER**

TO: Registration Se Division of Cor		· · · · · · · · · · · · · · · · · · ·	
Diaz Trade	Consulting, LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	•
	Jennifer Diaz, Esq.		
		Name of Person	
	Diaz Trade Consulting, LL	.C	
		Firm/Company	<del></del>
	12700 Biscayne Boulevard	1, Suite 301	
		Address	***
	North Miami, Florida 3318	81	
		City/State and Zip Code	
	jen@diaztradelaw.com		
For forther information of		to be used for future annual report notifi	cation)
	concerning this matter, please ca	411.	
Jennifer Diaz		305 7243281 at ()	
Name o	of Person	Area Code Daytime	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

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

Diaz Trade Consulting, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on October 1, 2015	and assigned
Florida document number L15000167056		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	-	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	12700 Biscayne Boulevard, Suite 301	
Principal office address MUST BE A STREET ADDRESS)	North Miami, Florida 33181	
	12700 Biscayne Boulevard, Suite 301	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	North Miami, Florida 33181	
		<del>-1</del>
		EEC <b>15</b>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the
registered agent and/or the new registered office address her	<u></u> -	SS C COME
Name of New Registered Agent:		TO A
radio of frew Registered Agent.		
New Registered Office Address:	From Elevida access of the	
	Enter Florida street address	
	, Florida	Zip Code
	City	ZID 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 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 **Address Type of Action Title** <u>Name</u> □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change □ Add □ Remove ☐ Change \_□ Add □ Remove

☐ Change

→ S S
tive date, if other than the date of filing: (optional)
tive date, if other than the date of filing:

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Filing Fee: \$25.00