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COVER LETTER

Division of Co			*
Diana Ferr	o LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diana V. Ferro		
		Name of Person	
	Diana Ferro LLC		
		Firm/Company	
	5911 Taylor Road		
		Address	
	Naples, FL 34109		
		City/State and Zip Code	
	dianaferro929@gmail.com	to be used for future annual report notif	ication)
For further information o	concerning this matter, please c	•	
Diana Ferro		239 331-1419 at ()	
Name o	of Person		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:

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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

Diana Ferro 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 10/01/2015 Florida document number L15000167163 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Diana Vanesa Ferro LLC The new name must be distinguishable and contain 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) 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 Citv

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 finited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or removed	g Authorized Person(s) authorized to refrom our records:	<u> </u>		,
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		Signature of	a member or authoriz	ed representative of	a member	2.10	100	esantine.	
	Diana V. Ferro					1881 (88)	<u></u>	-	
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Filing Fee: \$25.00