

116000059057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

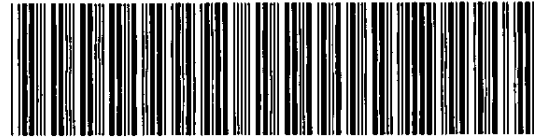
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000288300990

11/08/16--01027--013 **30.00

NOV 09 2016
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV -8 PM 1:30

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alexis Diaz LCC

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:

Luis Alexis Diaz Gonzalez

Name of Person

Alexis Diaz LCC

Firm/Company

1300 Brickell Bay Dr. ~~33131~~ 2404

Address

Miami, FL. 33131

City/State and Zip Code

controlremotopr@gmail.com

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV - 8 PM 1:30

For further information concerning this matter, please call:

Alexis Diaz _____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

Alexis Diaz 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 23 2016 and assigned Florida document number L16000059057

This amendment is submitted to amend the following:

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

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)

1300 Brickell Bay Dr. Apt 2404
Miami, Florida 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
75 NOV - 8 PM 1:30

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Luis Alexis Diaz Gonzalez	1300 Brickell Bay Dr. ²⁴⁰⁴ 2404 Miami	<input type="checkbox"/> Add
		33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luis Humberto Diaz	H49 Quintas de Dorado, Calle Nog	<input type="checkbox"/> Add
		Dorado, PR. 00646	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luis Alexis Diaz Gonzalez	1300 Brickell Bay Dr.	<input checked="" type="checkbox"/> Add
		Apt 2404, Miami FL. 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 FALL WASSER, FLORIDA
 16 NOV - 8 PM 1990

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

This amendment is to remove Luis H. Diaz as an authorized manager and naming myself Luis Alexis Diaz as sole authorized manager and authorized member.

Luis H. Diaz will no longer be authorized member or manager. Thank you.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 NOV - 8 PM 1:30

E. Effective date, if other than the date of filing: _____ (optional)

(If 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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated ~~February~~ 3 de Noviembre 2016

Signature of a member or authorized representative of a member

Luis Alexis Diaz Gonzalez

Typed or printed name of signee