## LIT 000 41 25 Z

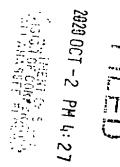
| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
| ·                                       |
| (111)                                   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Dusiness Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
|   |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Office Use Only



100346816261

10/02/20--01011--014 \*\*25.00



NOV 0 9 2020 S. YOUNG

## **COVER LETTER**

Tallahassee, FL 32314

|                    | gistration Se<br>rision of Cor                         |  |   |  |
|--------------------|--|--|---|--|
| SUBJECT:           | DIAZ LEY   | VA & GIL, PLLC   |   |  |
| SOBBET.            |  | Name of Lin  | nited Liability Company   |  |
| The anglesses      | l Amioloo of   | A  |   |  |
|                    |  | Amendment and fee(s) are sub<br>indence concerning this matter |   |  |
|                    |  | indence concerning this matter                                 | to the following.   |  |
|                    |  | DANIEL DIAZ LEYVA  |   |  |
|                    |  |  | Name of Person  | <del></del>  |
|                    |  | DIAZ LEYVA & GIL, PL   | LC  |  |
|                    |  |  | Firm/Company  |  |
|                    |  | 1501 VENERA AVENUE   | , SUITE 203   |  |
|                    |  |  | Address   | <del></del>  |
|                    |  | CORAL GABLES, FLOR   | _   |  |
|                    |  | DDL@DLGPLLC.COM  | City/State and Zip Code   |  |
|                    |  | _  | to be used for future annual report no                                    | otification)   |
| For further in     | formation co   | ncerning this matter, please ca                                | all:  |  |
| DANIEL DIA         | AZ LEYVA   |  | 305 203-0673  |  |
|                    | Name of  | Person   |   | ime Telephone Number   |
| Enclosed is a      | check for the  | following amount:  |   |  |
| <b>■</b> \$25.00 F |  | □ \$30.00 Filing Fee & Certificate of Status                   | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Reg<br>Divi        | ing Address:<br>istration Se<br>sion of Co<br>Box 6327 | ection<br>rporations   | Street Address:<br>Registration S<br>Division of Co<br>The Centre of      | prporations  |

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DIAZ LEYVA & GIL, PLLC

(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 <sup>2/2</sup> | 21/17 Pand assigned                             |  |  |
|--|--|---|--|--|
| Florida document number L17000041252   |  |   |  |  |
| This amendment is submitted to amend the fo  | ollowing:                                      |   |  |  |
| A. If amending name, enter the new name  | of the limited liability company he            | ere:  |  |  |
| The new name must be distinguishable and contain the                                   | words "Limited Liability Company," the d       | esignation "L.L.C" or the abbreviation "L.L.C." |  |  |
| Enter new principal offices address, if appl   | icable:  |   |  |  |
| (Principal office address MUST BE A STRE   | CET ADDRESS)                                   |   |  |  |
| Enter new mailing address, if applicable:  |  |   |  |  |
| Enter new mailing address, if applicable:  |  |   |  |  |
| (Mailing address MAY BE A POST OFFICE  | <u> </u>                                       |   |  |  |
|  |  |   |  |  |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office address on our reess here:   | ecords, enter the name of the new registered    |  |  |
| Name of New Registered Agent:  | DANIEL DIAZ LEYVA                              |   |  |  |
| New Registered Office Address:   | 1501 VENERA AVENUE, SUITE                      | 203   |  |  |
|  | Enter Florida street address                   |   |  |  |
|  | CORAL GABLES                                   | Florida 33146                                   |  |  |
|  | City   | Zip Code  |  |  |

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 |
|--------------|----------------|-------------------------------|----------------|
| MGR          | MICHAEL A. GIL | 1501 VENERA AVENUE, SUITE 203 | □ Add          |
|              |                | CORAL GABLES, FLORIDA 33146   | ■Remove        |
|              |                |                               | □Change        |
|              |                |                               | □Add           |
|              |                |                               | □Remove        |
|              |                |                               | □Change        |
|              |                |                               | □Add           |
|              |                |                               | □Remove        |
|              |                |                               | Change         |
|              |                | <del></del>                   | □Add           |
|              |                |                               | □ Remove       |
|              |                |                               | □Change        |
|              |                |                               | 🗆 Add          |
|              |                |                               | □ Remove       |
|              |                |                               | □Change        |
|              |                |                               | □Add           |
|              |                |                               | □Remove        |
|              |                |                               | □Change        |

| _                                   |  |
|-------------------------------------|--|
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     |  |
|                                     | <del></del>  |
|                                     |  |
|                                     |  |
|                                     |  |
| ffective                            | date, if other than the date of filing: (optional)   |
| an effecti<br>lote:   If t          | we 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| ocument                             | 's effective date on the Department of State's records.  |
|                                     |  |
| record s <sub>l</sub><br>Lis filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the  |
|                                     |  |
| ated                                | 9/24/20  |
|                                     |  |
|                                     | Signature of a member or authorized representative of a member   |
|                                     |  |
|                                     | DANIEL DIAZ LEYVA J  |

Filing Fee: \$25.00