# LITOGOOHZTUG

(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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TAIL LARASSEE, FLORID

S. WARREN MAY 3 1 2017

# **COVER LETTER**

TO:	Registration Se Division of Cor				
t CUD ID	JUAN F. DI				
*	CT:	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		JUAN FELIPE DIAZ DIA	Z		
		- Add of Filter of the second	Name of Person		
		JUAN F DIAZ LLC			
Firm/Company					
		10890 NW 9TH CT			
			Address		
		PLANTATION, FL 33324			
	-	juanpaixa@gmail.com	City/State and Zip Code and it says	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
	,		to be used for future annual report notific	cation)	
For furth	er information co	oncerning this matter, please ca	all:		
JUAN F	ELIPE DIAZ		305 3160598 at ()		
	Name of	`Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.	00 Filing Fec	□ \$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

ited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>ds.</u> )
Liability Company were filed on 02/23/2017	and assigned
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lowing:	•
of the limited liability company here:	
words "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
cable:	
ET ADDRESS)	with the same of t
	SSS O m
	F. 9 3 0 F. 9 5
BOX)	Dr.
	ls, enter the name of the
JUAN FELIPE DIAZ DIAZ	
Enter Florida street addre	SS
, FI	lorida
City	Zip Code
	Enter Florida street addre

## 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 heing 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

Page 1 of 3

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
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ne 90th day after t.l		ember of authorized representati		17 MAY 30 SECRETARY TALLAHASSI	FL
ne 90th day after t.l	ىل	Deep 7		17 MAY 30 PH SECRETARY OF TALLAHASSEE, F	FILED

Filing Fee: \$25.00