## LI7000045393

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## **COVER LETTER**

TO: Registration Division of C					
	S DIAZ MEDIA AND PRODUCTION	ONS, L.L.C.			
SUBJECT:	Name of Limited	Liability Company			
The enclosed Articles	of Amendment and fee(s) are submitted	ted for filing.			
Please return all corres	pondence concerning this matter to the	he following:			
	Leyanis Diaz Gil				
		Name of Person		-	
	LEYANIS DIAZ MEDIA AN	D PRODUCTIONS, L.L.C.		20 S	
	-	Firm/Company		ECF TA	-5
	2601 NW 32nd Street	•		UL 2	
		Address		Σ	9 5
	Miami, FL 33142			2021 JUL 23 PM 1: 05 SECRETARY OF STATE TALLAMASSEE. FL	ָר ק
	C	City/State and Zip Code		77 0	
	leyanis@leyanisdiaz.com			, 1 <sup>th</sup> 0	1
For further information	e-mail address: (to be concerning this matter, please call:	e used for future annual report noti	fication)		
Leyanis Diaz Gil		305 697-1017			
Name	of Person	Area Code Daytime	e Telephone Number	r	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEYANIS DIAZ MEDIA AND PRODUCTIONS,	L.L.C.	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	7
he Articles of Organization for this Limited Liability Compar	ny were filed on 02/27/2017	and assigned
lorida document number		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lis	ability company here:	
EYANIS DIAZ, LLC		•
he new name must be distinguishable and contain the words "Limited Lis	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		r
Principal office address MUST BE A STREET ADDRESS)		021 EC
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		72. 72
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nter new mailing address, if applicable:		<u> </u>
failing address MAY BE A POST OFFICE BOX)		ing = U
		<u> </u>
		111
. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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 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>	Name	<u>Address</u>	Type of Action
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Effective date, if other than the date of filing:			(option	n#D		
If an effective date is listed, the date must be specific and canno <b>Note:</b> If the date inserted in this block does not meet the	ot be prior to date	of filing or more	than 90 days after f	iline.) Pursu	unt to 605.	.0207
document's effective date on the Department of State's	records.	underly mang re	quirensia, ma	CALLE WILLIA	n de nsie	zu as
e record specifies a delayed effective date, but not an eff rd is filed.	fective time, a	t 12:01 a.m. on t	he earlier of: (b)	The 90th	day after	the
Dated July 15 202	21					
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レレ * /						
Signature of a membe	er or authorized	representative of a	member		<del></del>	

Filing Fee: \$25.00