

L17000138953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

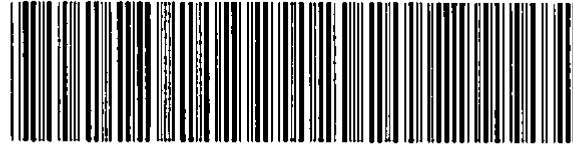
(Business Entity Name)

(Document Number)

ntified Copies _____ Certificates of Status _____

pecial Instructions to Filing Officer

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2017 AUG -9 AM 8:38

SECRET OF STATE
TALLAHASSEE FLORIDA

2017 AUG -9 AM 10:20

FILE
TALLAHASSEE FLORIDA

AUG 10 2017
J. HARRIS

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| <input type="checkbox"/> | CERTIFIED COPY | _____ |
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| XX | FILING | <u>LLC Amend</u> |

DIORSOCIETY LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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

Diorsociety LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on June 23, 2017 and assigned
document number 117000138953

amendment is submitted to amend the following:

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

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal office address, if applicable:

principal office address MUST BE A STREET ADDRESS

2893 Executive Park Dr., Suite 121

Weston, Florida 33331

If new mailing address, if applicable:

mailing address MAY BE A POST OFFICE BOX

2893 Executive Park Dr., Suite 121

Weston, Florida 33331

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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:

Hernandez Garcia & Asociados, PLLC

New Registered Office Address:

2893 Executive Park Dr., Suite 121

Enter Florida street address

Weston

Florida 33331

City

Zip Code

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
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
understand 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

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AGR = Manager
 MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	Diego Ordonez	1680 NE 191th Street, Unit 402	<input type="checkbox"/> Add
		North Miami Beach, FL 33179	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	Maria M Benaicazar	1680 NE 191th Street	<input type="checkbox"/> Add
		North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2009 AUG 9 8:30
 STATE OF FLORIDA
 TALLAHASSEE

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

N/A

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.

The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

dated July 27

2017
Signature of a member or authorized representative of a member

Diego Ordonez

Typed or printed name of signee

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STATE DEPT OF STATE
TALLAHASSEE FLORIDA

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