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COVER LETTÉR

	Registration Sec Division of Corp			
CUP IDA		DOWS AND SERVICES LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		YAIMEL E DIAZ RODRI	GUEZ	
			Name of Person	
		DIAZ WINDOWS AND S	ERVICES LLC	
			Firm/Company	
6809 CAVACADE DR				
			Address	
		TAMPA, FL 33614		
			City/State and Zip Code	
		ektampaservices@gmail.com E-mail address: (to be used for future annual report notification)		
For furth	ner information c	oncerning this matter, please ca		cation)
YAIME	EL E DIAZ ROD	RIGUEZ	786 7189395 at ()	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclose	d is a check for tl	ne 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

DIAZ WINDOWS AND SERVICES L		
(Name of the Limited i	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabi	ility Company were filed on 08/2017	and assigned
Florida document number L17000166736	·	
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C,"
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		15
	_	
B. If amending the registered agent and/or	registered office address on our record	ls, enter the name of the nev
registered agent and/or the new registered offic	e address here:	SSE 17
Name of New Registered Agent:		TO THE PARTY OF TH
New Registered Office Address:		R
1400 registered Office May 655.	Enter Florida street addre	ess
	. F	lorida
-	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>	Address	Type of Action
MGR	LUIS M HERNANDEZ CUELLAI	6820 CAVACADE DR	■ Add
		TAMPA, FL 33614	Remove
			Change
			Remove
			Change
			
			Remove
			FLORID Remove
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1	WANT TO ADD TO YAINELIS SOSA GUERRA AS MGR AND TO MY COMPANY.			
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lffecti	e date, if other than the date of filing:	al)		
l'an eff	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fifthe date inserted in this block does not meet the applicable statutory filing requirements, this continues the statutory filing requirements.	ling.) Pursua late will no	nt to 60:	5.0207 led as
docum	nt's effective date on the Department of State's records.	iate will no	1 00 1131	ica as
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.	m. on the	e earli	er o
	90th day after the record is filed.			
Sat a d	, 2017			
Jaieu .	1/1 NI			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00