

L17000180 882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

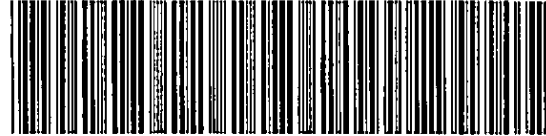
(Business Entity Name)

(Document Number)

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2017 SEP -1 PM 2:15  
TALLAHASSEE, FLORIDA

SEP 05 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Diaz enterprises on the Palm Beaches LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felipe Diaz  
Name of Person

Diaz Enterprises of the Palm Beaches LLC  
Firm/Company

4685 Oak Terrace Dr.  
Address

Highwinds Fl 33463  
City/State and Zip Code

feliped0270@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felipe Diaz at (561) 637-5438  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Enterprises of the Palm Beaches LLC

(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 8/24/2017 and assigned  
Florida document number L17000180882

This amendment is submitted to amend the following:

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

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

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. 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:

Felipe Diaz

New Registered Office Address:

Felipe Diaz

Enter Florida street address

Greenacres

City

Florida

33463

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.

Felipe Diaz

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>	<u>Address</u>	<u>Type of Action</u>
MANAGER	Felipe Diaz	4685 Oak Terrace Dr	<input checked="" type="checkbox"/> Add
		Dunedacres FL 33463	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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ALL AMBROSIO FLORIDA  
26th SEP - 1 PM 2:45  
Remove  
Add

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

Adding: Authorized person, Felipe Diaz

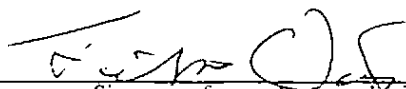
E. Effective date, if other than the date of filing: 1/9 (optional)

(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.

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

Dated August 31, 2017.



Signature of a member or authorized representative of a member

Felipe Diaz

Typed or printed name of signee

FILED  
2017 SEP -1 PM 2:15  
TALLAHASSEE FL 091010