

LN000199821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

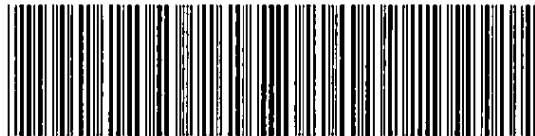
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100337073561

100337073561
11/15/13--01029--004 *\$30.00

FILED
2013 NOV 15 PM 2:17
DEPARTMENT OF STATE
ATTN: ASSESSMENT

NOV 15 2013
T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C. DIAZ INVESTMENTS 3, 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:

MONEEB ABDELMONEM

Name of Person

TAM LAW, LLC

Firm/Company

P.O. BOX 450096

Address

MIAMI, FLORIDA 33245

City/State and Zip Code

MONEEB@MUSALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONEEB ABDELMONEM 786 301-5813
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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**

C. DIAZ INVESTMENTS 3, 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 09/27/2017 and assigned
Florida document number L17000199821

This amendment is submitted to amend the following:

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

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:

520 BRICKELL KEY DR.

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33131

Enter new mailing address, if applicable:

P.O. BOX 450096

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33245

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:

MONEEB ABDELMONEM

New Registered Office Address:

9008 SW 152ND STREET

Enter Florida street address

MIAMI

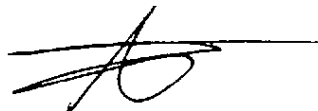
City

, Florida

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|------------------------|--|
| MGR | CARLOS E. DIAZ VEGA | 466 SILVER PALM WAY | <input type="checkbox"/> Add |
| | | WESTON, FL 33327 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JESUS ACOSTA | 1683 W 58th STREET | <input checked="" type="checkbox"/> Add |
| | | HIALEAH, FL 33012 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MAHRAN ABDELMONEM | 520 BRICKELL KEY DRIVE | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MONEEB ABDELMONEM | 520 BRICKELL KEY DRIVE | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
2019 NOV 5 2:12 PM
CLERK OF DISTRICT COURT
MIAMI, FL

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

2016 NOV 15 PM 12:17
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

סמך

E. Effective date, if other than the date of filing: 11/06/2019 (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)(h)

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 NOVEMBER 06, 2019

[illegible]

Signature of a member or authorized representative of a member

CARLOS E. DIAZ VEGA

Typed or printed name of signee