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(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Greeness Zimi, riems,	
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		DIAZ HOLDINGS LLC		
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		GONZALEZ. FAUSTO M		
			Name of Person	
			Firm/Company	
		1232 SHAGROCK CT		
			Address	
		ORLANDO, FL 32828		
		gonzalezdiazholdingsllc@gr	City/State and Zip Code mail.com	
		E-mail address: (t	o be used for future annual report notific	cation)
For further is	nformation co	ncerning this matter, please ca	ıl l :	
GONZALE	Z. FAUSTO N	1	412 638-5649 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	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

TO:

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

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

FILED

GONZALEZ DIAZ HOLDINGS LLC

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	(A Florida Limited	Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited L	iability Compan	y were filed on 10/08/2018	
Florida document number L18000238163			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	vords "Limited Liab	oility Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	N/A	
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	ROY)		
B. If amending the registered agent and registered agent and/or the new registered o			rds, enter the name of the new
New Registered Office Address:			
		Enter Florida street ada	lress
			Florida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	•	
	A	_	

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>	Type of Action
AMBR	CALDERON LUIS, EDUARDO	8800 NW 36TH ST. #4504 MIAMI, FL 33178	≅ Add
			🗀 Remove
			☐ Change
			Add
			Remove
			Change
			Add
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			Change

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Effective date, if other than t	he date of filing:(optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
If an effective date is listed, the date r Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as t
ne record specifies a delay The 90th day after the r	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ecord is filed.
Dated	2019
	Signature of a member or authorized representative of a member
,/	A / / / /
//	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00

