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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Diaz Capital	Investments, LCC			
(Name of Limite	d Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to t	he following:			
Carlos J.	Soriano			
(Nam	e of Person)			
Diaz Capital Investments, LLC (Firm/Company)				
(Firm/Company)				
8174 Champions Circle Apt. 105				
8174 Champions Circle Apt. 105 Champions Gate FL 33896 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Carlos Sorrano (Name of Person)	at (409) 810-5086 (Area Code & Daytime Telephone Number)			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
S25.00 Filing Fee and Certificate of Dissolution	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)			
Mailing Address:	Street Address:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee EL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liabile $\sum_{i} x_{i} = \sum_{i} x_{i}$		tments, LLC		2021
2. The Articles of Organization	11/	15/2018	and assigned	
document number <u>L18</u>	1			B PA
3. The delayed effective date (effective Note: If the date inserted in listed as the document's effe	e date cannot be prior to or mor this block does not meet the	re than 90 days later than date i : applicable statutory filing i	document is received for f	က္ ယ filing) will not be
4. A description of occurrence 605.0707. Florida Statutes. Conflict of Sorlano a	e that resulted in the limit (copy 605.0707 on back of interest wi not his neu	cover letter). The Company K		section <u>los</u>
5. If there are no members, er activities and affairs:		of the person appointed t	o wind up the compa	any's
activities and arrans.	<u> </u>	impions Cit	-cle Apt 10 33896	<u></u> 2 <u>5</u>
6. Signature of an authorized above to wind up the company	person or if there are no researchers:	nembers, the signature of	the person appointed	and listed
(S -		Carlos	Sorlano	
Signature		Printed		

FILING FEE: \$25.00