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## **COVER LETTER**

TO: Registration Section, Division of Corporations	
SUBJECT: Marizela Di	azLLC
Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitt	set for filling
	-
Please return all correspondence concerning this matter to the	e following:
Marizelo	Name of Person
	Firm/Company  Address
118 3240.	Address Pilo
Cape Coro	by/State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
Marizela Diaz Name of Person	at (239) 471. 9400 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Boxed{\subseteq} \S30.00 Filing Fee & \$\Boxed{\subseteq}\$ Certificate of Status	\$55.00 Filing Fee & \$\Bigcup \\$60.00 Filing Fee, Certified Copy 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

Marizela	Diaz UC
(Name of the Limited Liability (A Florida)	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>OHIU2019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	red liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESSS) 28
j	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, <u>enter the name of the nev</u>
registered agent unity of the new registered office addition	COS HELL.
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strevt address
	, Florida
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
mg 2	marizela Diaz	118 SE46 ter. Cape Coral, 7133904	Add
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			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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(If an e <u>Note</u>	effective date, if other than the date of filing:  effective date is listed, the date must be specific and canno  1 If the date inserted in this block does not meet the ment's effective date on the Department of State's	(optional)  t be prior to date of filing or more than 90 days after filing.) Pursuant to 60 applicable statutory filing requirements, this date will not be lis records.	05.0207 sted as
doeu			
:he re	ecord specifies a delayed effective date, e 90th day after the record is filed.	but not an effective time, at 12:01 a.m. on the earl	ier of
the re			ier of
the re	e 90th day after the record is filed.		ier of
the re ) Th	e 90th day after the record is filed.  Signature of a member	019	ier of

Page 3 of 3

Filing Fee: \$25.00