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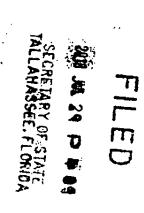
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## **COVER LETTER**

TO: Registration Se Division of Cor		Dietz Pa	inting)
SUBJECT: DI	etz Paratis	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mc+1he	Name of Person  Painty Firm/Company	<del></del>
	Dieta	Firm/Company	
	1717 /	Hente Ave /	1908 Gordon Au
	Pensco Diete. E-mail address: (	O/C 1 F-L 3250  City/State and Zip Code  McHLe W & VCH  to be used for future annual reports notific	) 7 (00. com (cation)
For further information c	oncerning this matter, please c	all:	
Mc Hlew Name o	Dietz	at (at Code Daytime	7 - 9 / 4/ Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	Ø \$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

Distance Only	FILED
(Name of the Limited Liability (A Florida L.	Company as it now appears on our records 29 P 6 9
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 1900138844</u>	mpany were filed on 7-2 SREJARY OF STATE agned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u>(SS)</u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new ss here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	nthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	specifies a delayed effect h day after the record is f		an effective time,	at 12:01 a.m. on th	e earlier o
Dated	7-25-19	·	<u></u> ,		
	7-25-19 Mott Signature	ār -			
	Signatur	a member or author	rized representative of a n	ember	

Page 3 of 3

Filing Fee: \$25.00