## 119000219815

s Name)
ip/Phone #)
VAIT MAIL
ntity Name)
Number)
ertificates of Status
ficer:





300335815773

11/18/19--01012--018 \*\*25.00

95:8 HY 31 AUT 616

C. GOLDEN

DEC 1 8 2019

## **COVER LETTER**

ro:	Registration Sc Division of Cor			
	NYM Diaz.	LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Nelson Diaz		
		NYM Diaz, LLC	Name of Person	
			Firm/Company	
		540 Bimini Bay Blvd Apt 8		
		Apollo Beach, FL 33572	Address	
		nelson.diaz@tailoredliving.	City/State and Zip Code com	<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
Nelso	n Diaz		850 559-0673 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	ne following amount:		
<b>₩</b> \$2	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:

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

NYM Diaz, LLC		7719 NOT 18 AH 8: 46
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	<u>ds.)</u> 10.40
The Articles of Organization for this Limited Liability Company	were filed on 8/28/2019	and assigned
Florida document number 1.19000219815		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:	540 Bimini Bay Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Apollo Beach, FL 33572	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		is, enter the name of the new
New Registered Office Address:		
The state of the s	Enter Florida street addre	255
	, F	lorida
	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, 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>	Address	Type of Action
MGR	Nelson Diaz	540 Bimini Bay Blvd. Apollo Beach, FL 33572	
			□ Remove
			Change
			Add
			□ Remove
		<del></del>	☐ Change
			Add
		<del></del>	□ Remove
			Change
			Add
			Remove
			☐ Change
			□ ∧dd
			☐ Remove
			□ Change
		<del></del>	Add
			□ Remove
			Change

•	
(If an e <u>Note</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	November 12 2019
Date	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00