

L19000 219 815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

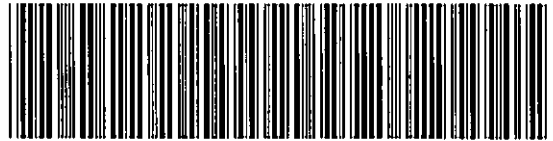
(Business Entity Name)

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612 219

C. GOLDEN

DEC 18 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NYM Diaz, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nelson Diaz

Name of Person

NYM Diaz, LLC

Firm/Company

540 Bimini Bay Blvd Apt 810

Address

Apollo Beach, FL 33572

City/State and Zip Code

nelson.diaz@tailoredliving.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelson Diaz

850 559-0673
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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:
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

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(A Florida Limited Liability Company)

Page 1 of 3

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member


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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Nelson Diaz
Typed or printed name of signee