L19600 300733

(Re	questor's Name)	
	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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COVER LETTER

_	istration Se ision of Cor			
SUBJECT:	Medina Dia			
JODGE CI.			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Juan Medina Diaz		
			Name of Person	
		Medina Diaz LLC		
		·· ············	Firm/Company	
		1660 NW 95TH AVE		
		·	Address	
		MIAMI, FL 33172		
			City/State and Zip Code	
		medinadiazllc@gmail.com	to be used for future annual repo	rt notification)
For further in	nformation c	oncerning this matter, please co	•	
Juan Medina	Diaz		740 661295	
	Name o	f Person	Area Code D	Paytime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Medina Diaz LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Florida document number L19000300733	and	and assigned				
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	I.LC" or the abbreviatio	n "L.L.C		
Enter new principal offices address, if appli	1660 NW 95TH AVE					
(Principal office address MUST BE A STRE	Miami, Fl 22172					
				<u>.</u>		
Enter new mailing address, if applicable:		1660 NW 95TH AVE		-		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Fl 22172	- :	~1		
			<u></u>	020		
B. If amending the registered agent and/or	registered office	oddress an our records on	ter the name of the		- ;	
agent and/or the new registered office addr		audress on our records, <u>en</u>	iter the name of the	N	i	
				PH 12		
Name of New Registered Agent:	Juan Medina D	iaz		$\stackrel{\smile}{\sim}$	<u> </u>	
New Registered Office Address:	1660 NW 95TH AVE		··	8 ₁		
	Enter Florida street address					
	Miami		, Florida <u>33172</u>			
		City	Zip C	ode		

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	David Medina Diaz	1660 NW 95TH AVE	□ Add
		Miami, Fl 33172	■Remove
			
MGR	Juan Medina Diaz	1660 NW 95TH AVE	
		Miami, Fl 33172	□ Remove
			Change
			□Add
			□ Add
			□ Remove
		- 	Change
		<u> </u>	□Add
			□Remove
			Change
			
			□Remove
			□ Changa

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an effecti lote: If	ive date is liste the date inse	ner than the ed, the date mu rted in this b date on the D	st be specific a lock does no	and cannot be j t meet the ap	prior to date of plicable statu	filing or more that story filing requ	(option n 90 days after fil irements, this d	al) ling.) Pursuant to 605.0 late will not be listed
record s is filed		layed effectiv	e date, but r	ot an effecti	ve time, at 12	:01 a.m. on the	carlier of: (b)	The 90th day after
ated	ine 05			2020	 W	<u>M</u>		
	···		Signature of	a member or	authorized repr	esentative of a m	ember	
			=					

Filing Fee: \$25.00