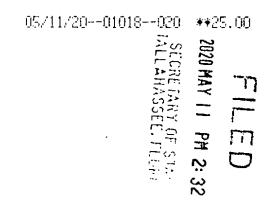
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OU 5/201/20

COVER LETTER

TO: Registration Section Division of Corporations **ALICIA DIAZ** SUBJECT: 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: ALICIA DIAZ Name of Person Firm/Company 950 SW104 COURT, #C-102 Address MIAMI, FLORIDA 33174 City/State and Zip Code alidu1515@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALICIA DIAZ 305 804-3793 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

FILED

2020 HAY 11 PM 2: 32

ALICIA DIAZ LLC		S	SECRETARY OF STATE
ALICIA DIAZ LLC (Name of the Limited Liabi (A Florid	lity Company as it now apper la Limited Liability Company	ars on our records:	ELAHASSEE, FUUNC
The Articles of Organization for this Limited Liability (and assigned
Florida document numberL20000092835	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Lit	mited 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 ADD	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		records, enter th	ie name of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Flor	
	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>	<u>Address</u>	Type of Action
MGR	ALICIA DIAZ	950 SW 104 COURT, # C-102, MIAMI, FL 33174	= Add
			□Remove
			□Change
AMBR	ALICIAA DIAZ	950 SW 104 COURT, #C-102, MIAMI, FL 33174	= Add
			□Remove
			□Change
			□Add
			□Remove
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(If an effe Note: 1	APRIL 1. 2020 (optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that it's effective date on the Department of State's records.
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 ed.
Dated _	MAY 6, 2020
	Chein Din
	Signature of a member or authorized representative of a member
	ALICIA DIAZ
	Typed or printed name of signee

Filing Fee: \$25.00