## L20000230806

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## **COVER LETTER**

| TO: Registration S<br>Division of Co |  |  |  |
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| SUBJECT:                             | ana Michelle                                 | Orfit uc   |  |
| SUBJECT:                             |  | ited Liability Company   |  |
|                                      |  |  |  |
| The enclosed Articles of             | f Amendment and fee(s) are sub               | mitted for filing.   |  |
| Please return all corresp            | ondence concerning this matter               | to the following:  |  |
|                                      | -  |  |  |
|                                      | Signa M                                      | Santana  |  |
|                                      | Diana M.                                     | Name of Person   | <del>.</del>   |
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|                                      |  | Firm/Company   |  |
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|                                      | priddleton, f                                | City/State and Zip Code  |  |
|                                      | Diano  | amogz Bicle  | nudicon Es S   |
|                                      | E-mail address: (                            | to be used for future annua                                      | report notification)                                     |
| For further information              | concerning this matter, please c             | all:   | report notification)  818-0527  Daytime Telephone Number |
| Diana M                              | . Santana                                    | 31, 352  | 818-0527   |
| Name                                 | Santana<br>of Person                         | Area Code  | 818 - 05 27  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<br>Certified Copy<br>(additional copy is er | Certificate of Status &                                  |
| Mailing Addre                        | <del></del>                                  |  | Address:   |
| Registration                         |  | <del>-</del>   | ration Section   |
| P.O. Box 63                          | Corporations<br>27                           |  | on of Corporations<br>entre of Tallahassee               |
| Tallahassee,                         |  |  | N. Monroe Street, Suite 810                              |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  DIANA Michelle Sanday UC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the hew registered agent and/or the new registered Agent:  New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  City  Lip Code  New Registered Agent: o comply with the provisions of all statutes relative to the proper and complete performance of my dutices, 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  The provision of the statutes of the proper and office address. I hereby confirm that the limited liability  The provision of the proper and office address. I hereby confirm that the limited liability  The provision of the proper and office address. I hereby confirm that the limited liability  The provision of the proper and office address. I hereby confirm that the limited liability  The provision of the proper and office address. I hereby confirm that the limited liability  The provision of the proper and office address. I hereby confirm that the limited liability  The provision of the proper and office address. I hereby confirm that the limited liability  The provision of the proper and office address. I hereby confirm that the limited liability  The provisio | Diana Michelle Ortiz   |   |                                       |
|--|--|---|---------------------------------------|
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company bere:  DIAM MICHAL SANAM UC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address MUST BE A STREET ADDRESS  Enter new mailing address if applicable:  Mailling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Florida  Zip Code  New Registered Agent's Signature, if changing Registered Agent:  It 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. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability  | ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | av as it now appears on our records.)<br>lability Company)                    |                                       |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC".  Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address MUST BE A STREET ADDRESS  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Enter Florida street address  Enter Florida street address  Florida  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  | The Articles of Organization for this Limited Liability Company of Florida document number <u>L2</u> 0000230806.  This amendment is submitted to amend the following:  | were filed on   | and assigned                          |
| Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    New Registered Agent's Signature, if changing Registered Agent:   Othereby 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  | A. If amending name, enter the new name of the limited liabi   | lity company here:  |                                       |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   N/A   | The new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and contain the words "Limited Liability Control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the new name must be distinguishable and control of the n | ity Company," the designation "LLC" or the ab                                 | breviation "L.L.C."                   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   N/A   | Enter new principal offices address, if applicable:  | 2500 Birgham St.  |                                       |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address  | (Principal office address MUST BE A STREET ADDRESS)  | mideleton, 12 34742   | <u></u>                               |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address  |  |   |                                       |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address  | Enter new mailing address, if applicable:  | 2500 Bingham St.  |                                       |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:    Name of New Registered Agent:   New Registered Office Address:   Enter Florida street address  | Mailing address MAY BE A POST OFFICE BOX)  | Middleton Fr 3-1742   |                                       |
| New Registered Office Address:    Enter Florida street address   | B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | nddress on our records, enter the nam   | e of the new registered               |
| New Registered Office Address:    Enter Florida street address   |  | 1/A   | 型等                                    |
| 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  | Name of New Registered Agent:  | <u>                                      </u>                                 | <u> </u>                              |
| 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   | New Registered Office Address:   | Enter Florida street address  |                                       |
| 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   |  | Florido   |                                       |
| 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   |  | City . Florida  | Zip Code                              |
| 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  | New Registered Agent's Signature, if changing Registered Agent:  |   |                                       |
|  | provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p   | performance of my duties, and I am j<br>provided for in Chapter 605, F.S. Or, | familiar with and if this document is |

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> | Name             | Address                                 | Type of Action |
|--------------|------------------|---|----------------|
| MGR          | Diana M. Santana | 2500 Bingham St.<br>Middleton, Fr 34762 | □Add           |
|              |                  | Middleton, R 34762                      | □Remove        |
|              |                  | <del></del>                             | X Change       |
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Filing Fee: \$25.00