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COVER LETTER

TO: '

TO: Registration Division of C	Section Corporations	0 1	— 11 .	_
SUBJECT:	Arroyo Di	az Keal	Estate L	
	Name of Lim	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	<u>Jo</u>	Name of Person	royo Diaz	<u>-</u>
	3230	Firm/Company Preser Address	ve br.	_
	Orlando	FL	32824	_
	Josel	to be used for future annual	live.com	
For further information	n concerning this matter, please c	all: at (_ 86 Z ₎	200-04	17
Nam	e of Person	Area Code	Daytime Telephone Number	er
Enclosed is a check fo	r the following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© 955.00 Filing Fee Certified Copy (additional copy is e	Certific nelosed) Certifie	ate of Status &
P.O. Box 6	n Section Corporations	Regist Division The Control 2415 N	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite assee, FL 32303	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF.	. •		
Across Diaz	Real	Estate	e Ll	
(Name of the Limited Liability C	ompany as it r	iow appears on ou	r records.)	
(A Florida Lin	nited Liability (Lompany)	1-12-	
The Articles of Organization for this Limited Liability Com	pany were fi	led on 1	3/20	and assigned
Florida document number <u>L2600027621</u>		r	t	2022 !XLL
This amendment is submitted to amend the following:				JUL -
A. If amending name, enter the new name of the limited	l liab lity cor	npany here:		m co
Arrown Diaz Jose Luis	LLC			
The new name mist be distinguishable and contain the words "Limited	inhility Comp	pany," the designati	ion "LLC" or the abb	<i>≔</i> N
Enter new principal offices address, if applicable:				Σ ' ω
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address	on our record	s, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
l .		Enter Florida stre	et address	
	 		, Florida	
	Cit	V		Zip Code
New Registered Agent's Signature, if changing Registered A				
I hereby accept the appointment as registered agent and	d agree to a	ct in this capac	ity. I further agi	ree 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>	Name	Address	Type of Action
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			□Change
			□Add
	1		□Remove
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in effective	late, if other than the date of f e date is listed, the date must be specific e date inserted in this block does	c and cannot be prior to date of fi	ing or more than 90 days after filit one filing requirements, this dr	ng.) Pursuant to 605.020 ite will not be listed a
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	Signature	of a mynber or authorized repre-	sentative of a member	AH 9: 2:
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