## LZC 0000371717

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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2020 OCT 30 PM 1: 04 SECRETARY OF STATE

12/10/20

## **COVER LETTER**

| 10: Registration Section Division of Corporations   |  |
|---|--|
| SUBJECT: Latara Haley Cle Name                      | of Limited Liability Company                             |
| The enclosed Articles of Amendment and fee(s) a     | ·  |
| Please return all correspondence concerning this n  | natter to the following:                                 |
| Lataya P  | Name of Person   |
| Laloya H  | Firm/Company   |
| 2901 NE 19  | Address Address  |
| Caincasille   | City/State and Zip Code                                  |
| Holy. Latou   | dess: (to be used for future annual report notification) |
| For further information concerning this matter, ple | ease call:   |
| Cataga Holay<br>Name of Person                      | at (839) 758- 13\0 Area Code Daytime Telephone Number    |
| Enclosed is a check for the following amount:       |  |
| □ \$25.00 Filing Fee Certificate of Star            |  |
| Mailing Address: Registration Section               | Street Address: 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 OCT 30 PM 1: 04

The Articles of Organization for this Limited Liability Company were filed on 09 173 7070 \_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Diassica Securces U.C.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 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: Enter Florida street address \_. Fłorida \_

## 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> | Name | Address | Type of Action |
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| <u>e:</u> If t   | date, if other than the date of filing:  | )207<br>J as |
| ord sp<br>filed. | ecifies 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 📐             | 128/2020   |              |
|                  | 20128/2020 Signature of a member or authorized representative of a member  Ataya Holey Typed or printed name of signee |              |
|                  |  |              |
|                  |  |              |

Filing Fee: \$25.00