From: GUSTAVO MORA

1/20/22, 2:56 FM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GM TAX GROUP, INC / GUSTAVO J MORA, MBA

Account Number : I20210000058 Phone : (305)914-2240 Fax Number : (305)675-2702

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

🚉 Email Address:__ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J & A DIAZ GROUP LLC Certificate of Status 0 Certified Copy 0 Page Count 01 \$25.00 Estimated Charge

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J & A DIAZ GROUP LLC			
(Name of the Limited Liah (A Flor	sility Company as it new appears on a ida Lamited Liability Company)	uur record <u>s.</u>)	
The Articles of Organization for this Limited Liability Plorida document number L20000327651		020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
MIAMI BLACK LIMOUSINE LLC			
MIAMI BLACK LIMOUSING LEC The new name must be distinguishable and contain the words "L	limited Liability Company," the designa	ation "Li,C" of the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AD)	DRESS)		
(Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe	ered office address on our recor		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe	ered office address on our recor		
	ered office address on our recor	ds, <u>enter</u> the n <u>an</u>	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office address on our recor e: Enter Florida s	ds, <u>onfer the nan</u>	ic of the new regi
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:	ered office address on our recor e: Enter Florida s	ds, <u>onfer the nan</u>	ic of the new regi
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe 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 Register	ered office address on our recore: Enter Florida s City ered Agent:	ds, <u>enter the nan</u>	22 Zip Code
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:	ered office address on our recore: Enter Florida s City ered Agent: ent and agree to act in this cape d complete performance of my d agent as provided for in Chap tered office address, I hereby co	ds, enter the nan weet address	Zip Code Zip Code gree-to comply wi familiar with and if this document

If Changing Registered Agent, Signature of New Registered Agent

To: +18506176383 - Page: 3 of 4 2022-02-02 21:17:16 GMT 13056752702 From: GUSTAVO MORA

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
AMBR	VERAS-DIAZ, AMALBI	3484 FOXCROFT RD # 101	
		MIRAMAR, FL 33025	UReniove
			(T)Change
			DAdd
			□Remove
			☐ Change
			i_lAdd
			Remove
			ОСрапке
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			[3Change
			Remove
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record specifies a delayed of Lis filed.	:(fective date, but not a	n effective time, at	12:01 a.m. on the c ar	lier of: (b) The 90th o	day after the
LANUARY M		2022			
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Typed or printed name of signee