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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Diaz.Diaz.Trucking L.L.C	•	,	
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	_		
	Edwin Diaz			
		Name of Person	·	
	Diaz.Diaz.Trucking L.L.C			
		Firm/Company	,	
	1826 Mohagany DR			
		Address	 	
	Orlando FL , 32825			
		City/State and Zip Code		
	Diaz.Diaztrucking@gmail.c	com to be used for future annual report r		
		·	iotification)	
For further information	concerning this matter, please co	all:		
Edwin Diaz		407 752-4353 at ()		
Name	of Person	Area Code Day	time 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 & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration		Street Address: Registration S		
Division of 0	Corporations	Division of C	Division of Corporations	
P.O. Box 63	27	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. AND ARTICLES OF ORGANIZATION. TO ARTICLES OF ORGANIZATION.

Diaz.Diaz.Trucking L.L.C

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on April 19, 2021 and assigned Florida document number L21000079513 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE <u>BOX</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 ___, Florida ______ Zip Code Citv

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 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 21 APR 26 PM 3: 40

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Richard Saenz	324 Flyrod cir , Orlando FL , 32825	🖹 Add
			□Change
			□Add
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			□Remove
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			□Remove
			Channe

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		<u> </u>	
e: If the date inserted in the content of the co	April 19, 202 e must be specific and cannot be prior to his block does not meet the applicab he Department of State's records.	date of filing or more than 90 days	optional) s after filing.) Pursuant to 605.02 s, this date will not be listed
ord specifies a delayed ef filed.	fective date, but not an effective time	e, at 12:01 a.m. on the earlier of	of: (b) The 90th day after th
ed Apri 19	. 2021		
8 1	Signature of a member or authorize		

Typed or printed name of signee