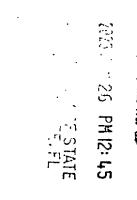
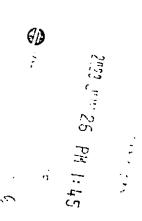


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	(Requestor's Name)	· · ·
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
	11. <u></u>	
_	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only







CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALDIEZ LLC	
Please Debit FCA00000003 For: 25	
Thank you Seth Neeley	
Thank you bem received	
ACI/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Ait, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Phulo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH 06/23/2023	UCC 1 or 3 File
Name Date	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SANTIAGO ARBELAEZ		
		Name of Person	
	STONE TOWER GROUP	LLC.	
	 	Firm/Company	
	1395 Brickell Av. SUITE	800	
	•	Address	
	MIAMI, FL 33131		
	 	City/State and Zip Code	1.50
	SA@STONETOWER-GRO		
	E-mail address: (to be used for future annual report notifi	cation)
or further information c	oncerning this matter, please c	all:	
SANTIAGO ARBELAE		786 2863178	
Name o	f Person	at () Area Code Daytime	Telephone Number
inclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C	ornorations	Division of Corr	orations

Division of Corporations P.O. Box 6327

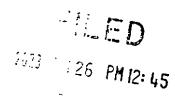
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



ALDIEZ LLC.

(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 $\frac{07/19/2021}{1}$ and assigned Florida document number 1.21000327572 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 "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 new registered agent and/or the new registered office address here: Name of New Registered Agent: 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 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>	<u>Name</u>	Address	Type of Action
AMBR	MAURICIO DIEZ	1908 E OSCEOLA PARKWAY KISSIMMEE, FL	□Add
		34743	Remove
			□ Change
MGR	SANTIAGO ARBELAEZ	1395 Brickell Av. SUITE 830. MIAMI, FL 33131	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the meffective date is listed, the date ma	e date of filing: ist be specific and ca	nnot be prior to date o	of filing or more than	(optional	l) g.) Pursuant to 60	05.020
ote: If the date inserted in this becument's effective date on the E	lock does not mee	t the applicable sta	tutory filing requi	rements, this dat	e will not be lis	sted a
ecord specifies a delayed effecti is filed.	ve date, but not an	effective time, at 1	2:01 a.m. on the c	earlier of: (b) T	he 90th day att	ler th
JUNE 23TH ited	-	2023	\		_	
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	.,	nber or authorized re	nresontati e d'a me	mber		

Filing Fee: \$25.00