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Phone

: (954)389-1333

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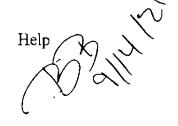
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COVER LETTER

, (((H21000338206 3)))

TO: Registration S Division of Co					
TEXTILE	S DIAZ SANCHEZ LLC				
30 5 3661.	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
	oondence concerning this matter	<u> </u>			
	DANIELLA SANTANA				
		Name of Person			
	SALVER & COOK LLP) Filing Pee, ficate of Status &
		Firm/Company			182
	2721 EXECUTIVE PARK	DR STE 4			SE SE
		Address			1. To 1
	WESTON, FL 33331				2 2 6
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	D.SANTANA@PSCCPAS E-mail address: 6	COM to be used for future ann	ual report notification	on)	ETC OF
For further information	concerning this matter, please c		•	,	ŕ
DANIELLA SANTAN	I A	954	3891333		
Name	of Person	Area Code	Daytime Tele	ephone Number	~~~~
Enclosed is a check for	the following amount:				
≅ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	,	Certified C	of Status & opy
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Division of	Corporations	-			
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P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000338206 3)))

TEXTILES DIAZ SANCHEZ LLC		
(Name of the Limited Liability Come (A Florida Limited	pany us it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Companies Florida document number L21000373475	y were filed on 08/19/20	21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	~ 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agen	ŕ	Zip Code
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capa te performance of my a provided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

(((H21000338266 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H2 1000338208 3)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MBR	DIAZ, MIGUEL ANGEL	10438 NW 80TH TERRACE	= Add
		DORAL, FL 33178	□Remove
			□Change
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(If an offic Note: I	(optional) clive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date vertice on the Department of State's records.	Pursuant to	ி 605.020 listed a
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	: 90th day	after the
,	SEPTEMBER 13 2021		
Dated _	11-6		

(((H21000338206 3)))