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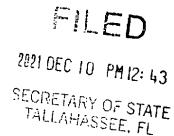
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	JZ Diaz Pro	perties LLC	
. TO THE CASE OF T	Name of Lim	tited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
		Jesus E Diaz	
		Name of Person	
	J	Z Diaz Properties LLC	
	<del></del>	Firm/Company	······································
	343	24 Southeast 6th Street	
		Address	······································
	Oca	ala Florida 34471	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	tification)
For further information	concerning this matter, please c	all	
Zilca Diaz		203 578-7576 at ()	
Name	of Person	Area Code Dayth	me Telephone Number
Enclosed is a check for	the following amount:		
□ \$25,00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	S55.(8) Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JZ Diaz Properties LLC		_
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
he Articles of Organization for this Limited Liability (	Company were filed on October 18, 2021	and assigned
lorida document number L21000453510	<u>_</u> .	
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jesus E Diaz	3424 SE 6th Street	<b>=</b> Add
		Ocala, Florida 34471	_
			□Change
AMBR	Zilea I Diaz	3424 SE 6th Street	□Add
		Ocala, Florida, 34471	□Remove
		<del></del>	<b>≘</b> Change
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Decemb	per 3rd, 2021			
an effective date is listed, the date must be specific and cannot be p	prior to date of filing	or more than 90 day	( <b>optional)</b> is after filing ) Pursi	ant to 605 0207
ote: If the date inserted in this block does not meet the apocument's effective date on the Department of State's reco	plicable statutory ords	filing requiremen	ls, this date will r	ot be listed as
record specifies a delayed effective date, but not an effectivis filed.	ve time, at 12:01 a	a.m. on the earlier	of. (b) The 90th	day after the
December 3rd. 2021				
ated	··			

Filing Fee: \$25.00

Typed or printed name of signee