121000462531

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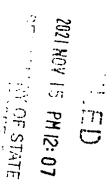
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COVER LETTER

TO: Registration So Division of Cor		,		
	versified, LLC			
SUBJECT:	Name of Lim	ited Liability Company	.	
The enclosed Articles of	Amendment and fee(s) are sub	onitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Joshua Linares			
	Name of Person			
	Linares Diversified, LLC			
		Firm/Company		
	5013 Cactus Needle LN			
		Address	 	
	Wesley Chapel, FL 33544			
		City/State and Zip Code		
	tinaresdiversified@gmail.co			
For further information c	e-mail address: (to be used for future annual report not all:	nheation)	
Joshua Linares		813 415-1251		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 9		<u>Street Address:</u> Registration Se	ection	
Division of C	Corporations	Division of Co	rporations	
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee oe Street. Suite 810	
	the second security to the second	# TID 17, 1710/1110	/ Directi Dinte C10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Linares Diversified, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000462531</u> .	vere filed on 10/25/2021	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbro	eviation "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 BOX)		
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter the name o</u>	of the new registere
New Registered Office Address:	Enter Florida street address	
	Elogida	2021 X 0V
	City	Zip Code 2
New Registered Agent's Signature, if changing Registered Agent:		र्मेस्य ज
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fan rovided for in Chapter 605, F.S. Or, if	niljāP wit b and 🔘 this Document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Joshua Linares	5013 Cactus Needle Ln	
		Wesley Chapel, FL 33544	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change

e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
11/8	
<u>. 1 ~~~~~</u> · .~~~ · .2	
1	date, if other than the date of filing:

Filing Fee: \$25.00

Typed or printed name of signee