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| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| J. HORNE |
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Office Use Only



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SECRETARY OF STEEL AND SECRETARY OF STEE

COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|--|
| Aldair DZ | | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles o | 「Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Aldair R Diaz Echegoyen | | |
| | | Name of Person | |
| | Aldair DZ LLC | | |
| | | Firm/Company | |
| | 1008 North Plantation Dr I | ; F15 | |
| | | Address | |
| | Kissimmee, FL 34741 | | · |
| | | City/State and Zip Code | 4-1-10 |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information | concerning this matter, please c | all: | |
| Aldair DZ LLC | | 407 485-9242 at () | |
| Name | of Person | Area Code Daytin | ne 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 Addr Registration | Section | Street Address: Registration Se | |
| Division of P.O. Box 63 | Corporations 327 | Division of Co The Centre of | - |
| Tallahassee | | | pe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 FEB -8 AM 10: 53

Aldair DZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

-SECRETARY OF STATE TALLAHASSES, FILE

| Florida document number 1.21000473022 | | | |
|--|--|--|--|
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | | | |
| Enter new principal offices address, if applicable: | 1008 North Plantation Dr # F15 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Kissimme, FL 34741 | | |
| | | | |
| • | • | | |
| Enter new mailing address, if applicable: | 1008 North Plantation Dr # F15 | | |
| AM SECOND LEGION AND CARDE A DICT OF CITY DAILY | Kissimme, FL 34741 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Rissinine, 112 54741 | | |
| | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new registered Enter Florida street address | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter the name of the new registered</u> | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | Enter Florida street address Florida Zip Code | | |

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 |
|--------------|-----------------------|--------------------------------|----------------|
| MB | Aldair Diaz Echegoyen | 1008 North Plantation Dr # F15 | 🗆 Add |
| ; | | Kissimme, FL 34741 | |
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| Ifective date, if other than than effective date is listed, the date mote: If the date inserted in this ocument's effective date on the | ust be specific and cannot be prior to date oblock does not meet the applicable sta | optio of filing or more than 90 days after f atutory filing requirements, this | High Character Cut 0205 |
| ecord specifies a delayed effect is filed. | ive date, but not an effective time, at | 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| 02/04 | 2022 | | |
| 02/04 ited | | | |