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COVER LETTER

TO: Registration Section Division of Corporations

5 DIAGIA LLC

SUBJECT: ____

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter Le

Name of Person

5 DIAGIA LLC

Firm/Company

2921 NE 48th St

Address

Lighthouse Point, FL 33064

City/State and Zip Code

mongvohien@yahoo.com

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Le 954 4654349 at (_____) Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

El \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 DIAGIA 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 05/13/2022	and assigned
Florida document number <u>L22000188063</u>	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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lesignation "LLC" or the abbreviation "L.L.C"
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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

 Enter Florida street address	
City	, Florida 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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tive date, if other than the date of filing:	(optionał)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

May 13th Dated	2022
	Now ,
	Signature of a member or authorized representative of a member
Peter Le	
······································	Typed or printed name of signee

Filing Fee: \$25.00