Florida Department of State Divisional Computations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | | | _ |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARCELINO DIAZ INVESTMENT LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

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COVER LETTER. Su - 4

| TO: Registration Se Division of Cor | | | • |
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| SUBJECT: Marce | lino Diaz investn | nent IIC | |
| SUBJECT: | | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | Joel Marceline | o Diaz | |
| | | Name of Person | |
| | Marcelino Dia | az investment LL | С |
| | | Firm/Company | |
| | 229 Burning T | ree Dr | |
| | | Address | · · · · · · |
| | Kissimmee F | | |
| | JDIAZ126@GN | | |
| | E-mail address: () | to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please ca | all: | |
| Joel Diaz | | at (407) 572-26 | 26 |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| □ \$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) |
| | | | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Marcelino Diaz investment LLC | | | |
|--|--|--------------------------|-----------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our records.) ited Liability Company) | | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 06/21/22 | and assig | gned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company here: | | |
| The new name must be distinguishable and contain the words "Limited I | 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 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 off agent and/or the new registered office address here: | fice address on our records, enter the na | me of the new 2022 OC | registere |
| Name of New Registered Agent: | | = = | |
| New Registered Office Address: | Enter Florida struct address | 7 7 | <u></u> |
| | Florida | 75. S | |
| | Civ | 2in Coda | |

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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|---|----------------|
| MGR | Gamael Belizaire | 7600 Majorca PL Apt 1061 Orlando, FL 3281 | 9 ■ Add |
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| iote: | (optional) fective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020°. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| reco 1 is fi | rd 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 fied. |
| ated | 10/15/22 |
| | \bigcap $A \supset :$ |
| | Signature of member or authorized representative of a member |

Filing Fee: \$25.00