## 12200290810

	(Requestor's Name)
	(Address)
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i !   _	(City/State/Zip/Phone #)
i 	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
 Certifie	d Copies Certificates of Status
Spec	ial Instructions to Filing Officer
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	Office Use Only



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ALLAHASSEE FLOKIDA

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DIAZ 2 LLC		_ _
Please Debit FCA0000000	003 For: <sup>25</sup>	
Thank you Seth Neeley		
Stof/		Art of lnc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation 45
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
<i>//</i>		Vehicle Search
	<del>_</del> _	Driving Record
Requested by:		UCC 1 or 3 File
Name Da	ate Time	UCC II Search
		UCC II Retrieval
Walk-In W	'ill Pick Up	Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAZ 2 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  $\frac{06/28/2022}{1}$ and assigned Florida document number 1.22000290810 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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) N B. If amending the registered agent and/or registered office address on our records, enter the fiame of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 Changing Registered Agent, Signature of New Registered Agent

It 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	Name	Address	Type of Action
MBR	CARLOS ANDRES DIAZ DIAZ	1820 N CORPORATE LAKES BLVD SUITE 103	<b>=</b> Add
		WESTON, FL 33326	□Remove
			Change
MBR	JULIAN DAVID DIAZ DIAZ	1820 N CORPORATE LAKES BLVD SUITE 103	BAdd
		WESTON,FL 33326	□Remove
			Change
			DAdd
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fective date, if other than the date of filing:	<u> </u>	(optional)		
n effective date is listed, the date must be specific and cannot be prior to date of tote: If the date inserted in this block does not meet the applicable statu	filing or more than 90 itory filing requirem	days after filing.) P	ursuant to	605.0
cument's effective date on the Department of State's records.		icino, and ance w		, 11360
ecord specifies a delayed effective date, but not an effective time, at 12 is filed.	:01 a.m. on the earl	ier of: (b) The 9	Oth day a	after ti
APRIL 25 2024				
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