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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FAIL SAFE ACCOUNTING LLC

Account Number : I20230000132 Phone : (407)201-7988 Fax Number : (407)553-2856

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

Email Address:___

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION DIAZ Y DIAZ SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Sec Division of Corp			
	AZ SERVICES LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of a	Amendment and fec(s) are subm	nitted for filing.	
	ndence concerning this matter to		
	FARAH CRUZ		
		Name of Person	
	FAIL SAFE ACCOUNTIN	G LLC	_
		Fimt/Company	<u> </u>
	20 S ROSE AVE SUITE 4		f Person ompany litess Ind Zip Code future annual report notification) O7 2(11-7988 ca Code Daytime Telephone Number O Filling Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address:
		Address	
	KISSIMMEE, FL 34741		
		City/State and Zip Code	·
	INFO@FAILSAFETAX.CC)M	et a reina
			neation
For further information of	encerning this matter, please ca		
FARAH CRUZ		407 201-7988 at ()	
Name o	of Person	Arca Code Daytim	e Telephone Number
Enciosed is a check for t	he following amount:		
\$25.00 Filing Fce ■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addre Registration Division of 0	Section	Street Address: Registration Se Division of Co	
P.O. Box 63		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAZ Y DIAZ SERVICES LLC		
(Name of the Limited Liability Compa (A Florida Limited !	ny as it now appears on our records.) inbility Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000306263</u>	were filed on <u>07/08/2022</u>	and assigned
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	ity Company," the designation "LLC" or the ab	breviation "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)		
and the second of the second o		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	te of the new registered
	, -	91
Name of New Registered Agent:		(1)
New Registered Office Address:	Enter Florida street address	
	Florida	, -
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		<u>-</u>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	r performance of my auties, and 1 am, provided for in Chapter 605, F.S. Or	if this document is

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>	<u>Address</u>	Type of Action
AMBR	DIAZ LISTA, FERNANDO	5274 TUSCANY LANE	□Add
-		DAVENPORT, FL 33897	≅Remove
			[]Change
			□Add
			□ Remove
			□ Change
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Dated	2023	<u>. </u>			
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record specifies a delayed effective	data. but not an offertive	e time at 12:01 :	oun, on the earlie	of: (b) The 90th	day after the
Vote: If the date inserted in this blo- locument's effective date on the Dej	ex does not meet the app partment of State's recor	ds.	mang requiremen	noj vita univertiti Av	or to divide an aire
ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this bloom	as compute and expect by as	שמונות בסיכוני מדינה	or more than 90 da	(optional) ys after filing.) Pursui ts this date will no	ant to 605,0207 (3)(b) of be listed as the
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Filing Fee: \$25.00

Typed or printed name of signee