

9/28/23, 9:19 AM

Division of Corporations

L22000306263

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6283

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: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DIAZ Y DIAZ SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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DIVISION OF CORPORATIONS
TALLAHASSEE

SEP 29 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIAZ Y DIAZ SERVICES LLC

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:

FARAH CRUZ

Name of Person

FAIL SAFE ACCOUNTING LLC

Firm/Company

20 S ROSE AVE SUITE 4

Address

KISSIMMEE, FL 34741

City/State and Zip Code

INFO@FAILSAFETAX.COM

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

For further information concerning this matter, please call:

FARAH CRUZ

407 201-7988
at ()

Name of Person

Area Code

Daytime 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)

☐ \$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

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>	<u>Type of Action</u>
MGRM	DIAZ HERNANDEZ, FRANCISCO	5274 TUSCANY LANE	<input checked="" type="checkbox"/> Add
		DAVENPORT, FL 33597	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LISTA GUZMAN, FELIX J	6516 BANNER LAKE CIR APT 5203	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

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Dated SEPTEMBER 15TH, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee