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COVER LETTER

Tallahassee, FL 32314

	ration Sec on of Corp			
	IAZPORT			
SUBJECT:			ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	l correspon	idence concerning this matter	to the following:	
		JOSE LINARES		
			Name of Person	
		PROFITAX INC		
			Firm/Company	
		790 NW 107TH AVE STE	£ 300	
			Address	
		MIAMI, FL 33172		
			City/State and Zip Code	
		JLINARES@PROFITAXIN	NC.COM to be used for future annual report not	
For further info	emation co	neerning this matter, please co	·	ancation)
		meering this matter, prease et		
JOSE LINARE			786 3503328 at ()	
	Name of	Person	Area Code Daytir	me Telephone Number
Enclosed is a ch	neck for the	e following amount:		
■ \$25.00 Filin	ng 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)
Regis Divisi	g Address tration So ion of Co Box 6327	ection orporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAZPORT LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our reco ed Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comparing the Liabilit	any were filed on 02/20/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "L	.LC" 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)		DB DEC I THE
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>ent</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ado	tress
		Florida
	City	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>	<u>Name</u>	Address	Type of Action
MGRM	DIAZ PORTILLO JAIRO R	6820 RAMBLING VALE	□Add
		CUMMING, GA 30028	□Remove
			∃ Change
MGRM	DIAZ PORTILLA JAIRO R	6820 RAMBLING VALE	□Add
		CUMMING. GA 30028	□Remove
			Change
			🗀 Add
			
			□Change
			□Add
			□Remove
			Change
			Remove
			Change
			Remove
			Change

Effective date, if other than the date of filing:		
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