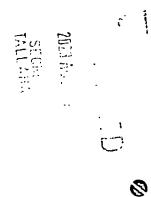
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(Re	equestor's Name)	
		_11,111111
(Ac	ldress)	1
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(Cit	ty/State/Zip/Phone	±#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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	J. HORN	E
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Office Use Only



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FLORIDA CAPITAL COURIER SERVICI	ES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this acco	unt: I20210000160: \$25.00
Authorization Signature:	luda :
ABA ENTERPRISES LLC L2300	00321646
BUSINESS NAME	DOCUMENT #
Certified Copy	
_ Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	_X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Cancelation of Fictitious Name	Qualification for LLP Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

FLORIDA CAPITAL COURIER SE	RVICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this	account: 20210000160: \$25.00
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Annual Report	Foreign filing
Cancelation of Fictitious Na	Qualification for LLP ame Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

COVER LETTER

SUBJECT:	ABA ENI	ERPRISES LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
.,	Ü	<u> </u>	
	Daima l	De La Caridad Diaz Fuentes	
		Name of Person	
	Al	BA ENTERPRISES LLC	<u>.</u>
		Firm/Company	-
		1820 SW 97TH PL	
		Address	
		MIAMI, FL 33165	
	City/State and Zip Code DaimzEnterprises@gmail.com		
		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Daima	a Diaz	786 \ 454-6812	
Name of	<u> </u>		Telephone Number
Enclosed is a check for th	e 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

Mailing Address:

TO:

Registration Section **Division of Corporations**

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





(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 Li Florida document number	abitity Company	were filed on	July 06/ 2023	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
DAIMZ ENTERPRISES LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the design	nation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applica	able:	117 SW TOTH ST	АРТ 808 Miami, FL	.33130
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a	ddress on our reco	rds, enter the name	e of the new registered
The state of the s				
Name of New Registered Agent:				
New Registered Office Address:	117 SW 10TH S			
-		Enter Florida :	street address	
	Miami		, Florida	3130
		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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			☐ Change
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			□ Remove
			Change

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Note: 1	e date, if other than the date of filing:	to 605.0207 (be listed as t
ne record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dati.	y after the
Dated_	July 24 2023 .	
	Signature of a member or authorized representative of a member	
	Daima De La Caridad Diaz Fuentes	