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COVER LETTER

Registration Section TO: Division of Corporations DIAZ CAPITAL INVESTMENTS LLC SUBJECT: 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: MARIAM S. DIAZ LUTFI Name of Person DIAZ CAPITAL INVESTMENTS LLC Firm/Company 2605 Curry Ford Rd Address Orlando FI 32806 City/State and Zip Code diazlutfi@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 450-8614 MARIAM S. DIAZ LUTFI Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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DIAZ CAPITAL INVESTMENTS LLC		
(Name of the Limited Liability Company (A Florida Limited Lini	as it now appears on our records.) pility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on	and-āssigned
Florida document number L23000404446		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
DIAZ LUTFI INVESTMENTS LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	. <u>.</u>	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-	<u> </u>	-
B. If amending the registered agent and/or registered office ade agent and/or the new registered office address here:	dress on our records, enter the na	me of the new register
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
	City	Zin 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 Changing Registered Agent, Signature of New Registered Agent

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
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tive date, if other than the date of filing: [ffective date is listed, the date must be specific and cannot If the date inserted in this block does not meet the ment's effective date on the Department of State's r	doptional) be prior to date of filing or more than 90 days after filing.) Pursuant to 60 applicable statutory filing requirements, this date will not be listecords.
ord specifies a delayed effective date, but not an effe filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
September 18th, 2023	
Man	iani Diaz Juli

Filing Fee: \$25.00