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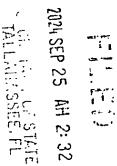
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SAIGHT DIAZ REALTY 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:					
Sarahi Diaz					
Name of Person					
Real Estate Agent					
Firm/Company					
2752 carmer ct.					
Address					
Lissimmee FL 34740 City/State and Zip Code					
City/State and Zip Code Sarah Jakrearty @ 9mail.com E-mail address: (to be used for future armual report notification)					
For further information concerning this matter, please call:					
Sa(GM) Di GZ Name of Person at (407) 881 - 2204 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$55.00 Filing Fee 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sarahi Diaz Reals	A LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on or iability Company)	ur records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>Ol</u>	18/2021	\ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Sarahi Diaz Real Esta	He LLC		
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designat	ion "LLC" or the abb	ore in in T.L.C."
Enter new principal offices address, if applicable:			(C) *F.C)
(Principal office address MUST BE A STREET ADDRESS)			25
Enter new mailing address, if applicable:		SEE FL	A1 2: 3:
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our record	s, <u>enter the name</u>	e of the new registere
Name of New Registered Agent:	.		
New Registered Office Address:	Enter Florida stre	ant addrage	
	rmer r toriad stre	er aaaress	
		Florida	
	Ciţv		Zip Code
N'em Desistered Access Claustone of the acies Desistered Access			

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>	<u>Address</u>	Type of Action
			□ Add
			Remove
			□Add
			□ Remove
		- <u>-</u>	☐ Change
			□ Add
			□ Remove
		 	Change
	 		□Add
			□ Remove
			□Add
			Remove
		u-ani-	□Change
			□ Add
			□Remove
			□Change

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Note:	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of earlier of the earlier of
Dated	September 19. 2024.
	Signature of parameter or authorized representative of a member
	Salahi Diaz

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Filing Fee: \$25.00