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2021, 114 FT 5: 28

## **COVER LETTER**

Division of Corp			
SUBJECT:(	Jed	DIAZ.L.	1
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	o the following:	
	Jose	Mame of Person	Quintero.
		Te L III	HZ-21C
	4432	Acorn Cin	<u> </u>
	Spaing	City/State and Zip Code	606
	Cia Cabl	be used for future annual report notif	nail. CON
For further information co	oncerning this matter, please cal	N:	
Jose M Name of	Diaz Quinte	Area Code Daytime	Z - 32 91 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)	Certificate of Status & Certified Copy (additional copy is enclosed)

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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

Joseph	Dias. L. L.
(Name of the Limited Liability Compa (A Plorida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <i>LTU' 99-0274</i>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:	<del>2</del>
Principal office address MUST BE A STREET ADDRESS)	1 =
	777
Enter new mailing address, if applicable:	ណុំ
Mailing address MAY BE A POST OFFICE BOX)	22
	·
B. If amending the registered agent and/or registered office :	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 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 = A	uthorized Member	r		
<u>Title</u>	<u>Name</u>		Address	Type of Action
AMBR	Jose M	Diaz Guinter	00 7432 AcornCIR,	□Add
			Spring Hill, 92 34606	☐Remove
	,	<b>-</b> >	Change the title to 16	R Change
AMBR	Ladrsnelgi	E Herrand &	pz 7432 Acorn Cre,	DAdd
			Spany Hill, 91 34606	
		->C	huge the tolle to MGR	Change
		<del></del>		□Add
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				🗆 Remove

E. Effective date, if other than the date of filing:    1	D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Heretive date, if other than the date of filing:  Department of the proper date of the date must be specific and cannot be priorly of date of filing requirements, this date will not be listed as the document's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	Thus prodifind the title por
E. Effective date, if other than the date of filing:    Part   Pa	Jose M Drag Equinter & fadisnelyi
E. Effective date, if other than the date of filing:    DT   D   D   U	
E. Effective date, if other than the date of filing:    DT   DD   QU   (optional)	M.GR = MANAGER
E. Effective date, if other than the date of filing:  Of Optional)  (If an effective 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 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
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