

L17000067094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

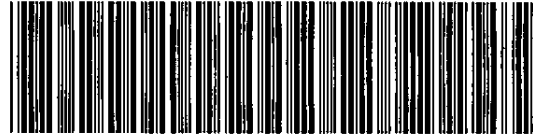
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIEMA 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:

Victor S. Pozzi

Name of Person

Diema LLC

Firm/Company

3002 Villa Preciosa Drive

Address

Kissimmee, FL 34744

City/State and Zip Code

rrtaxservices2824@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon E. Rosario

Name of Person

at 407 922-8899

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIEMA LLC

(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 Liability Company were filed on 01/07/2013 and assigned Florida document number L13000003054.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

RR Accounting & Tax Services, Corp.

New Registered Office Address:

2824 Michigan Ave., Unit A

Enter Florida street address

Kissimmee

City

, Florida

34744

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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VICTOR S. POZZI	3002 VILLA PRECIOSA DRIVE KISSIMMEE, FL 34744	<input type="checkbox"/> Add <input type="checkbox"/> Remove
TYPE OF ACTION = CHANGE OF ADDRESS & TITLE			
MGRM	AZUCENA E. RUIZ DE POZZI	3002 VILLA PRECIOSA DRIVE KISSIMMEE, FL 34744	<input type="checkbox"/> Add <input type="checkbox"/> Remove
TYPE OF ACTION = CHANG OF ADDRESS & TITLE			
MGR	DIEGO J. POZZI	2 WEST MONUMENT AVE. KISSIMMEE, FL 34741	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MAGALI E. POZZI	2 WEST MONUMENT AVE. NO. 206 KISSIMMEE, FL 34741	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

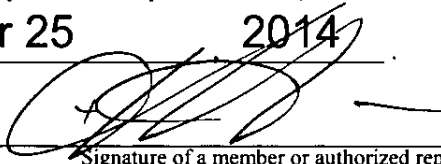
Diema LLC is changing its members and address information

by removing 2 members (Diego J. & Magali E. Pozzi) and amending
the title and address of the two remaining members
(Victor & Azucena).

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 25 2014



Signature of a member or authorized representative of a member

Victor S. Pozzi

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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