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BECAR LARY OF PAIR BUILDING CORPORATIONS

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COVER LETTER

TO:

	tion Secti of Corpo			
CUDICCT.		S&I DIANA TRANSP	ORT LLC	
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Arti	cles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all c	orrespond	ence concerning this matter	to the following:	
			DIANA LOPEZ. YESENIA I	
			Name of Person	
		S	&I DIANA TRANSPORT LLC	
			Firm/Company	
			8612 FORT SHEA AVE	
			Address	
			ORLANDO. FL 32822	
			City/State and Zip Code	* *
			CHRISHEY@GMAIL.COM	
r	•		o be used for future annual report notifi	cation)
ror turther intorm	ation con	cerning this matter, please ca	111;	
DIANA LOPEZ, YESENIA I		407 3090407 at ()		
	Name of P	erson		Telephone Number
Enclosed is a chec	k for the	following amount:		
■ \$25.00 Filing	Fee	S30.00 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)
	Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	el DIANA TRANS					
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)			
The Articles of Organization for this Limited I Florida document number	_iability Company	were filed on05	/29/2018	_ and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company here	;			
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbre	viation "L.L.C."		
Enter new principal offices address, if appli	N/A					
(Principal office address MUST BE A STRE.	ET ADDRESS)	N/A		01V		
		N/A				
				2 2 ₁₀		
Enter new mailing address, if applicable:		N/A	ထ ္ကုန			
(Mailing address MAY BE A POST OFFICE	(BOX)	N/A				
	<u> </u>	N/A		- 9 λ		
				0 4		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ur records, <u>enter th</u>	e name of the no		
New Registered Office Address:	N/A					
New Registered Office Address.	Enter Florida street address					
	N/A		Florida N/A			
		City	, Florida ^{N/A} _	Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as register provisions of all statutes relative to the pro		•				

N/7.

If Changing Registered Agent, Signature of New Registered Agent

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

Title	<u>Name</u>	Address	Type of Action
MGR	DE LEON BERRIOS, LUIS C	8612 FORT SHEA AVE	
		ORLANDO, FL 32822	■ Remove
			☐ Change
			Remove
		****	Change
			Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

AGENT NAME & AF	DDRESS. PLEAS	E PROCESS A	ACCORDING	LY.		
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ective date, if other th	an the date of fi	ling:	05/29	/2018	(optional	1)
neffective date is listed, the d te: If the date inserted in	ate must be specific	and cannot be p	rior to date of fi	ling or more than	90 days after filin	g.) Pursuant to 605.
cument's effective date or				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	contento, min da	e will not be fiste
record specifies a de The 90th day after th			not an effe	ctive time, a	at 12:01 a.m	. on the earlie
MAY 09		2018	(
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00