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Andre J. Patrone, Esq.*
Kenneth E. Kemp, II, Esq., LL.M
Elizabeth C. Bentley, Esq.
T. Brandon Mace, Esq.

October 17, 2019

* Admitted in Florida and Illinois

Via Certified Mail No. 9314 8699 0430 0064 6161 97

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

Diamond Trucking of Lee County, LLC

Dear Sir or Madam:

Re:

Enclosed please find an Articles of Amendment to Articles of Orginization of Diamond Trucking of Lee County, LLC, changing Mark Melchiorre, a current Authorized Member, to Mark Melchiorre and Victoria Melchiorre, Co-Trustees of the Mark Melchiorre Trust U/A/D October 8, 2019, as an Authorized Member, Also changing Victoria Melchiorre, a current Authorized Member, to Victoria Melchiorre and Mark Melchiorre, Co-Trustees of the Victoria Melchiorre Trust U/A/D October 8, 2019, as an Authorized Member.

Also enclosed please find a check in the amount of \$25.00 representing the filing fee.

If you have any questions or require any additional information, please feel free to contact our office. Regards.

Very truly yours.

PATRONE, KEMP & BENTLEY, P.A.

By: Kirneth F. Kinipil MD
Kenneth E. Kemp, II

(Signed in his absence to avoid delay.)

KEK/md enclosures

cc: Mr. and Mrs. Mark Melchiorre (without enclosures)

COVER LETTER

	Registration Sec Division of Corp			
		ucking of Lee County, LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	osed Articles of /	Amendment and fee(s) are sub-	nitted for filing.	
Please ret	turn all correspor	ndence concerning this matter t	to the following:	
		Mark Melchiorre		
			Name of Person	
		Diamond Trucking of Lee (County, LLC	
			Firm/Company	<u> </u>
		138 Placid Drive		
			Address	
		Fort Myers, Florida 33919		
		halfbackfam@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For furth	er information ec	oncerning this matter, please ca	all:	
Mark Me	elchiorre		239 777-2518 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	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)

TO:

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

2019 00T 21 PM 7: 32 Diamond Trucking of Lee County, 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 $\frac{09/28/2006}{2}$ _____ and assigned Florida document number <u>L06000095180</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address

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
AMBR	Mark Melchiorre and Victoria Melchiorre, Co-TTEEs	The Mark Melchiorre Trust u/a/d 10/08/2019	■ Add
		138 Placid Drive Fort Myers, Florida 33919	Remove
			☐ Change
AMBR	Victoria Melchiorre and Mark Melchiorre, Co-TTEEs	The Victoria Melchiorre Trust u/a/d 10/08/2019	Add
		138 Placid Drive Fort Myers, Florida 33919	□ Remove
			■ Change
			Add
			□ Remove
			Change
			Add
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Effective date	if other than the		/08/2019		(optional)	
Note: If the da	te is listed, the date must ate inserted in this blo ective date on the De	ck does not meet t	he applicable statut	iling or more than 90 ory filing requiren	(optional) days after filing.) Pursuant ments, this date will not	to 605.0207 (be listed as (
he record sp The 90th o	ecifies a delayed day after the reco	effective date, ord is filed.	but not an effe	ective time, at	12:01 a.m. on the	earlier of
Dated	10/8/19		·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00