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Office Use Only



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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: DIAM	IOND DIESEL fu	rel Pulishing LLC ited Liability Company	
	Name of Lim	ited Liability Compan∳	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Thomas D	DUANE	
	DIAmond Dies	sel fuel rotishing LL	<u>e</u>
		rimivCompany	
	PO BOX 3300	0/4	
		Address	
	miami, Fl.	at (305) 720 4910 Area Code Daytime Telephone Number	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Thomas Du	IAWE	at (305) 720 4	1910
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
	□ \$30.00 Filing Fee &	☐ \$55,00 Filing Fee &	S60,00 Filing Fee.
,	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy fadditional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	.,	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAY 10 AM 11:53

DIAMOND DIESEL FUE	Colishing LLC
( <u>Name of the Limited Liability</u> (A Florida	y Company as it/now appears on our records.) Limited Liability Company)  TALL AHASSEE, FI
The Articles of Organization for this Limited Liability Co	ompany were filed on and assigned
Florida document number <u>L 0 9 0 0 0 0 6 4 5 5</u>	• ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
DIAMOND Diesel Consult	ted Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limi	
Enter new principal offices address, if applicable:	1916 NW Federal Highway
(Principal office address MUST BE A STREET ADDR	ESS) # 3404
	1916 NW Federal Highway  ESSI # 3404  STUDET, FL. 34994
Enter new mailing address, if applicable:	PO BOX 330014
(Mailing address MAY BE A POST OFFICE BOX)	PO BOX 330014 MINNE, F1. 33233
agent and/or the new registered office address here:	homas Dupne  916 Nw Federal Highway #3404  Enter Florida street address
	Enter Florida street aldress  FLART Florida 34 994  City Zip Code
<del></del>	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:

or removed from our	recorus:		
MGR = Manager AMBR = Authorized	Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00