

L12000006805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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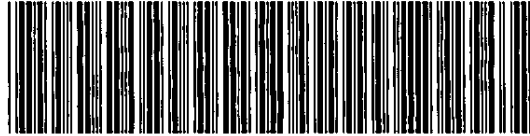
(Business Entity Name)

(Document Number)

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16 JUN 22 AM 11:26

JUN 23 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diamond M Trucks 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:

Charles Ronald McEllen
Name of Person

Diamond M Trucks LLC
Firm/Company

4055 McEllan Ave.
Address

Grant-Valkaria, FL 32950
City/State and Zip Code

diamondmtrucks@gmail.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF FLORIDA
TALLAHASSEE, FL 32301
15 JUN 22 AM 11:26

For further information concerning this matter, please call:

Charles R. McEllen at (321) 724-9101
Name of Person 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**

Diamond M Trucks 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 JAN. 13, 2012 and assigned Florida document number 22000006805

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 "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:

CHARLES RONALD McELIAN

New Registered Office Address:

31055 McELIAN AVE.

Enter Florida street address

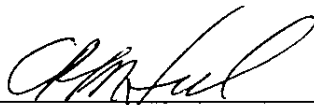
GRANT-TALKARIA, Florida 32950

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CHARLES RONALD McEllan</u>	<u>4055 McELLIAN AVE.</u> <u>GRANT VALKARIA, FL 32950</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGRM</u>	<u>(JAKE)</u> <u>JACOB McELLAN</u>	<u>4055 McELLIAN AVE.</u> <u>GRANT VALKARIA, FL 32950</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JOHN McELLAN</u>	<u>4055 McELLIAN AVE.</u> <u>GRANT VALKARIA FL 32950</u>	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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16 JUN 22 AM 11:06

16 JUN 22 AM 11:20

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated JUNE 16, 2016

X *John Lee*

CHARLES RONALD McELIAN

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Filing Fee: \$25.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: DIAMOND M TRUCKS LLC
GRANT GRANT VALKARIA
2. (a) 3055 McLELLAN AVE. YALKARIA FL. (b) 3055 McLELLAN AVE. FL. 32950
Principal office address of limited liability company: 32950 Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. JANUARY 13, 2012 Date of filing/registration in Florida 4. 212000006805 Document number

5. (a) JOAN McLELLAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3055 McLELLAN AVE.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

VALKARIA, FL 32950

- (b) CHARLES RODRIGO McLELLAN
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

3055 McLELLAN AVE.

GRANT VALKARIA, FL 32950

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joan McLELLAN
Signature of a member or authorized representative of a member

JOAN McLELLAN
Printed or typed name of signee

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.

Charles Rodrigo McLELLAN
Signature of Registered Agent

State of Florida

Department of State

I certify from the records of this office that DIAMOND M TRUCKS LLC is a limited liability company organized under the laws of the State of Florida, filed on January 13, 2012.

The document number of this limited liability company is L12000006805.

I further certify that said limited liability company has paid all fees due this office through December 31, 2016, that its most recent annual report was filed on April 11, 2016, and that its status is active.

FILED STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 JUN 22 AM 11:26

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Eleventh day of April, 2016*



Ken Detjen
Secretary of State

Tracking Number: CC8967920794

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>