L12000057915

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S. WARREN 80V 0 7 2017

COVER LETTER

TO: Registration Section of Corporations
SUBJECT: DIANELI 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:
EBLYS PEREDA Name of Person
Firm/Company
3335 W 13 th AVE
HIALE AH, FL 33012 City/State and Zip Code
HIALE AH, FL 33012 City/State and Zip Code PO 10 biys @ yuhou. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
EBLYS PEREDA at (305) 528-3115 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

DIANELI LLC			
(Name of the Limited Liability Compar (A Florida Limited L	y as it now apper iability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1200057915</u> .	were filed on _	4/30/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or the ab	breviation "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 off registered agent and/or the new registered office address here		n our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	
		, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		гір Соағ
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of rovided for in address, I here	f my duties, and I am for Chapter 605, F.S. Or; by confirm that the lim	imiliar with and if this document is ited liability
If Chang	ging Registered A	gent, Signature of New Res	istered Agent

Page 1 of 3

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	EBLYSPEREDA	3335 W 13th AVE	DAdd
		HIALEAH, FL 33012	C Remove
			Change
AMBR	BARBARA E. PEREDA	3335 W 13th AVE	
		HIALEAH, FL 33012	Remove
			Change
MGR	DIANNAPEREDA	3335 W13th AVE	Add
		HIALEAH, FL 33012	В Remove
			Change
MGR	ELIZABETH PEREDA	3335 W 13th AVE	O Add
		HIALEAH, FL 33012	Remove
			Change
			Add
			Remove
			Change
			Remove
			င်း Change

. If amending any other infor		_			
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Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not n	neet the applicable stati	filing or more than 90 atory filing requirem	(optional) days after filing.) Pursi ents, this date will n	pant to 605.0207 (3 ot be listed as the
accoment of one of the control of th	i veparine in or i	nate 3 records.			
the record specifies a delay) The 90th day after the re			fective time, at 1	.2:01 a.m. on th	ne earlier of:
Dated NOVEMBER	2	, 2017	\mathcal{Q}	<u></u>	
	Signature of a r	member or authorized rep	resentative of a member	<u> </u>	7 NDV
		,		255	FILE V-6 /
	ERLY	S PEREDA Typed or printed name o	f signee		
				TOR TOR	D 43
		Page 3 of 3			ü _ာ

Filing Fee: \$25.00