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	MAR 1	4 2013		
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COVER LETTER

TO:

Registration Section
. Division of Corporations

SUBJECT:

DIAGONAL, 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:

TERRANCE J. MULLIN

Name of Person

TERRANCE J. MULLIN, P.A.

Firm/Company

201 ALHAMBRA CIRCLE #503

Address

CORAL GABLES, FL 33134

City/State and Zip Code

rmfernandez@mfcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrance Mullin

",305,444 **6869**

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

DIAGONAL, LLC		
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears of mited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Co Florida document number L12000146333		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company,"	' the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		201 TAC:
(Principal office address MUST BE A STREET ADDRE	ESS)	A
		252
		W
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		्राहरू के क
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	, Florida	
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u> ·	Name	<u>Address</u> <u>T</u>	ype of Action
MGR	Mariel Ubfal	c/o Mendez & Fernandez	✓ Add
		2600 Douglas Rd. #506	Remove
		Coral Gables, FL 33134	
			Add
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		C. FLOORIE	Remove.
			Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

New Article VII is added and states the following: The Manager is not authorized to sign checks for more than \$500.00. Nor is the Manager authorized to sell or buy property of or on behalf of the Company.

Dated March 6

Signature of a member or authorized representative of a member

Terrance J. Mullin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE