

LB000016078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

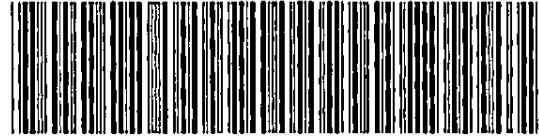
(Business Entity Name)

(Document Number)

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O. SIMMONS  
JAN 13 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Correct owner's name.

\_\_\_\_\_  
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:

Iris Cuesta Garcia

\_\_\_\_\_  
Name of Person

Diamond Home Management LLC.

\_\_\_\_\_  
Firm/Company

2316 Pine Ridge Rd. # 344.

\_\_\_\_\_  
Address

Naples, FL 34109

\_\_\_\_\_  
City/State and Zip Code

dms\_customer@yahoo.com

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

For further information concerning this matter, please call:

Iris Cuesta Garcia

239

5370524

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Home Management 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 January 30, 2013 and assigned  
Florida document number L13000016078.

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: Iris Cuesta Garcia

New Registered Office Address: 3361 Dorado Way

Enter Florida street address

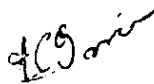
Naples, Florida 34105

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>
MGRM	Iris Garcia	3361 Dorado Way, Naples, FL. 34105	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Iris Cuesta Garcia	3361 Dorado Way, Naples, FL. 34105	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Leo Velazquez	3361 Dorado Way, Naples, FL. 34105	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(b) The 90th day after the record is filed.

Dated January 11 2019

TCG-arica

Signature of a member or authorized representative of a member

**Iris Cuesta Garcia**

Typed or printed name of signee

## BUREAU of VITAL STATISTICS

## CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018195100

DATE ISSUED: JANUARY 3, 2019

## DECEDENT INFORMATION

DATE FILED: DECEMBER 17, 2018

NAME: LEONARDO L VELAZQUEZ

DATE OF DEATH: DECEMBER 10, 2018

SEX: MALE

AGE: 064 YEARS

DATE OF BIRTH: NOVEMBER 6, 1954

SSN: 556-94-5481

BIRTHPLACE: HAVANA, CUBA

PLACE WHERE DEATH OCCURRED: INPATIENT

FACILITY NAME OR STREET ADDRESS: NAPLES COMMUNITY HOSPITAL

LOCATION OF DEATH: NAPLES, COLLIER COUNTY, 34102

RESIDENCE: 3361 DORADO WAY, NAPLES, FLORIDA 34105, UNITED STATES

COUNTY: COLLIER

OCCUPATION, INDUSTRY: SELF EMPLOYED, MAINTENANCE SERVICES

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? YES, CUBAN

RACE: WHITE

## SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: IRIS CUESTA GARCIA

FATHER'S/PARENT'S NAME: CORNELIO VELAZQUEZ

MOTHER'S/PARENT'S NAME: CARIDAD LOPEZ

## INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: IRIS CUESTA GARCIA

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 3361 DORADO WAY, NAPLES, FLORIDA 34105, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: JODI SCHEFERS, F079945

FUNERAL FACILITY: MORTUARY SERVICES OF FLORIDA F090427

13720 JETPORT COMMERCE PARKWAY STE 1, FORT MYERS, FLORIDA 33913

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: BRASOTA SERVICES INC.  
SARASOTA, FLORIDA

## CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0218

DATE CERTIFIED: DECEMBER 16, 2018

CERTIFIER'S NAME: GIUSEPPE GUAITOLI

CERTIFIER'S LICENSE NUMBER: ME86609

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED

STATE REGISTRAR

REQ: 2019997637

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.  
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.