L14000049090

,
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Amad

Office Use Only



000258785880

04/11/14--01025--007 **60.00

SECRETARY OF STATE
TALLAHASSEE, FI DRING



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lex & Karen Diamond Logistics, L.L.C., 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:	
Lexington Workell MGR	
Lex & Hagen Diamond Logistics, L.L.C. Firm/Company	·)
4238 Mahogany Run	
Winter Haven FL 33884 City/State and Zip Code	
City/State and Zip Code Lex 3000128 amail com E-mail address: (30 be used for future annual report notification)	
For further information concerning this matter, please call:	
1 (863) 450-8248 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

4238 MAhogany Run
Enter Florida street Address

Winter Haven, Florida 33884

City Zip Code

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

	AMBR = Au	thorized Member		
Winter Haven TL 33884 — Add — Remove — Add — Remove	<u>Title</u>	Name	Address	Type of Action
Remove	AMBR	KAREN WORRELL		Add
Remove			4238 Mahogany Ru	<u> </u>
Remove			Winter Haven, FL	_ 33884
Add				
				Remove SECOLAR
Remove Add Remove		. 1000-	CONTRA	D'Add D'Remove
Add Remove				
Remove				Remove
Add				Add
				☐ Remove
Remove				□ Add
				□ Remove

). If amo -	ending any other information, enter change(s) here: (Attach additional sheets, if necessary	·.) ——	
(The eff	tive date, if other than the date of filing:		
Dated	April 10, 2014.		
	Signature of a member or authorized representative of a member NORIZELL Typed or printed name of signee		
	•	SECRETAR TALLAHASS	14 APR
		SEELFLO	PH L

Page 3 of 3

Filing Fee: \$25.00