

U5AD021477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

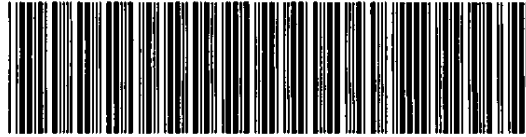
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUL 07 2015
OFFICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIVERSITY CARGO 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:

JUAN JOSE JAUREGUI BLANCO
Name of Person
DIVERSITY CARGO LLC
Firm/Company
1800 NW 24th AVE APT 512
Address
MIAMI, FL 33125
City/State and Zip Code
jeyaness@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN JOSE JAUREGUI BLANCO at () 786 457-5953
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

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 TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIVERSITY CARGO 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 FEB 04, 2015 and assigned Florida document number L15000021477.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DIVERSITY CARGO LLC

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:

1800 NW 24th AVE APT # 512, MIAMI, FL 33125

(Principal office address MUST BE A STREET ADDRESS)

1800 NW 24th AVE APT # 512 MIAMI, FL 33125

Enter new mailing address, if applicable:

1800 NW 24th AVE APT # 512, MIAMI, FL 33125

(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:

JUAN JOSE JAUREGUI BLANCO

New Registered Office Address:

1800 NW 24th AVE APT # 512,

Enter Florida street address

MIAMI

City

Florida

State

33125

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

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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>
MGR	JUAN JOSE JAUREGUI BLANCO	1800 NW 24th AVE APT #512 MI.	<input checked="" type="checkbox"/> Add
		JAIME D ANTON GONZALEZ	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANA IBIS ANTON GONZALEZ	1800 NW 24th AVE APT # 512 MI	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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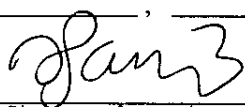
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. **Effective date, if other than the date of filing:** JULY 1st, 2015 (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 JUNE 30, 2015


 Signature of a member or authorized representative of a member

JUAN JOSE JOUREGUI BLANCO
 Typed or printed name of signee