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(Re	questor's Name)	_
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COVER LETTER

• •	istration Se ision of Cor			
SUBJECT:	Diesel Pow	ered Properties LLC		
3000001.		Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Donald F Ellis		
			Name of Person	
		Diesel Powered Properties	LLC	
			Firm/Company	.
		8384 SE 132nd LN		
			Address	
		Summerfield, FL 34491		
or further in:			City/State and Zip Code	
		dieselpoweredproperties@g	mail.com to be used for future annual report notif	ingtion)
For further in	nformation co	oncerning this matter, please ca		(Carlott)
Donald F El	lis		352 266-2440 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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 enclose

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

Diesel Powered Properties LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 6/29/15	and assigned
florida document number L15000112554		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC"	
Inter new principal offices address, if applicable:		5
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		실적: 클로 항유(
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ridaZip Code
	Cuji	zagr Circa

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>	Address	Type of Action
AMBR	Donald F Ellis Jr	13611 SE 47th Ter	Add
		Summerfield, FL 34491	□ Remove
			Change
AMBR Scott S Lesage	Scott S Lesage	4360 SE 111th PL	
		Belleview, FL 34420	■ Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
			□ Add
			Remove
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			□ Remove
			☐ Change

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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)	15 N20°
te: If the date inserted in this block does not meet the applicable statutory f		
cument's effective date on the Department of State's records.		
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record specifies a delayed effective date, but not an effective for the secord is filed.	ve time, at 12:01 a.m. on the earl	ier o
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00