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COVER LETTER

	Registration Sec Division of Corp		-		
CHID ITA	DIAMAGN	I LLC			
SUBJEC		Name of Lim	ited Liability Company		
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspor	ndence concerning this matter	to the following:		
		ODALYS DIAZ			
			Name of Person	·	
		DIAMAGNI LLC			
			Firm/Company		
		7983 W 30TH LN			
			Address		
		HIALEAH, FL 33018			
			City/State and Zip Code		
		Partners@diamagni.com			
		E-mail address: (to be used for future annual report	notification)	
For furthe	r information co	ncerning this matter, please co	all:		运 原数
YAMAR	IS DIAZ		786 530-5273	2	
	Name of	Person		ytime Telephone Number	
Enclosed	is a check for the	e following amount:			:
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	g Fee, 🎎 🚑 🥫

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

Diamagni LLC		
(Name of the Limited	Liability Company as it now appears on our records. Florida Limited Liability Company)	.)
The Articles of Organization for this Limited Liab Florida document number L15000138341		and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	. 1)
		
B. If amending the registered agent and/or registered agent and/or the new registered offic		
		· 무섭
Name of New Registered Agent:		
New Registered Office Address:		(/)
	Enter Florida street address	
	, Flo	rida
-	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>	Address	Type of Action
AMBR	YISELL DIAZ	117 Lancha Circle Apt 103 Satellite Beach, FL 32937	■ Adđ
			Remove
			Change
AMBR	ODALYS DIAZ	7983 W 30th LN Hialeah, FL 33018	
			■ Remove
			☐ Change
MGR	ODALYS DIAZ	7983 W 30th LN Hialeah, FL 33018	■ Add
			Remove
			☐ Change
		-	Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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n effi i <u>te:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of 90th day after the record is filed.
ted _.	June 20 2019
	Standard of a member or authorized representative of a member

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Filing Fee: \$25.00