

L16000098419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

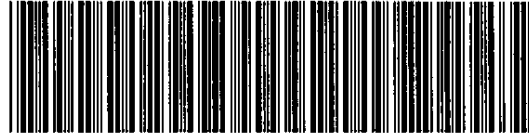
(Business Entity Name)

(Document Number)

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AUG 29 2016

S. YOUNG

FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
16 AUG 26 PM 11:03

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FL DIAMANTE AUTO 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:

JASON VELAZQUEZ

Name of Person

FL DIAMANTE AUTO LLC

Firm/Company

2793 NORANGE BLOSSOM TRAIL

Address

KISSIMMEE FL 34744

City/State and Zip Code

frankoex10@gmail.com

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

16 AUG 26 PM 11:03
CLERK OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

JASON OR FRANK

407

283 0946

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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16 AUG 26 PM 11:03
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

1 COPY OF 2000
FALL HOUSE, CONCORD
16 AUG 26 PM 11:03

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 AUGUST 23 2016

 Signature of _____

Signature of a member or authorized representative of a member

JASON VELAZQUEZ

Typed or printed name of signee