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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Co	rporations				
FL DIAM	ANTE AUTO LLC				
SOBJECT:	Name of Lin				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JASON VELAZQUEZ				
		Name of Person			
	FL DIAMANTE AUTO L	LC			
		Firm/Company		1	
	2793 NORANGE BLOSS	OM TRAIL		16 AUC 25 PH 11: 03	
		Address		あ 2	
	KISSIMMEE FL 34744			0 P	
		City/State and Zip Code		=======================================	
	frankoex10@gmail.com	to be used for future annual report notific	otion)	03	
For further information of	concerning this matter, please c	·	ation)		
JASON OR FRANK	5 , , ,	407 283 0946			
Name o	of Person	at () Area Code Daytime ^	Telephone Number	_	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified		ate of Status &	
	ING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:		

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Company as it now appears of Limited Liability Company)	n our records.)	
mpany were filed on $\frac{05/19}{1}$	/2016	and assigned
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ed liability company here:	:	
ed Liability Company," the design	gnation "LLC" or the a	ibbreviation "L.L.C."
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red office address on ou ess here:	ur records, <u>enter</u>	the name of the i
Enter Florida	street address	
Enter Florida	street address	
r e	mpany were filed on 05/19 d liability company here d Liability Company," the designment of the design	SS) red office address on our records, enter

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the an effective date is listed, the date mus	date of filing: t be specific and o	annot be prior t	date of filing o	r more than 90 day	(optional) is after filing.) Pursi	uant to 605.(0207
ote: If the date inserted in this blocument's effective date on the D	ock does not me	et the applica	ole statutory fi	ling requirement	s, this date will n	ot be listed	d as
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record specifies a delayed	d effective da	ite, but not	an effective	e time, at 12	:01 a.m. on th	ne earlie	r of
The 90th day after the rec	ord is filed.						
AUGUST 23		2016					
ited			_ •				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00