114000185082

(Re	equestor's Name)
(Ac	Idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phor	ne #)
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COVER LETTER

TO: Registration Se Division of Cor	ection porations		
CUB IECT.	Diamond Credit	Solutions LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Juan	a G. Valencia	
		Name of Person	
	Valer	icia & Valencia DCS LLC	
		Firm/Company	·
		680 1st Street	
		Address	
		Vero Beach, FL 32962	
		City/State and Zip Code	
		vdiamondcredit@yahoo.co o be used for future annual re	
For further information c	e-mail address: (t	·	port notification)
	uana G. Valencia	at ()	213-2109
Name o	f Person	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	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

Diamond Credit Solutions LL	C	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL16000185082	were filed on October 5, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ollity company here:	
Valencia & Valencia DCS LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	SAME	
	SAME	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	office address on our records.	enter the name of the new
registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	near the name of the nev
Name of New Registered Agent:	SAME	
New Registered Office Address:	SAME	
	Enter Florida street address	
	, Floric	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and a provided for in Chapter 605, F.S.	I am familiar with and S. Or, If this document is
•	in the second se	S M
If Cha	nging Registered Agent, Signature of S	ew 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:

	Manager Authorized Member
<u>Title</u>	<u>Name</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗖 Add
			□ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			Remove
		***************************************	☐ Change
	**************************************		Add
			□ Remove
			Change
			Add
			Remove
			Change

		ECNE ARY D AND ASSES	Remove
		FLORIDA	-
		**	Change

	nending contact information to 772-213-2109 and email address to: jvdiamondcredit@yahoo.com
	
ective	date, if other than the date of filing:
effect te: If	ive 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed t's effective date on the Department of State's records.
umen	
recoi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
recor he 9	
recor he 9	January 23 , 2017
recor he 9	January 23 2017 Signature of a member or authorized representative of a member
recor	January 23 January 23 2017 Signature of a member or authorized representative of a member

Filing Fee: \$25.00