

U17 000201511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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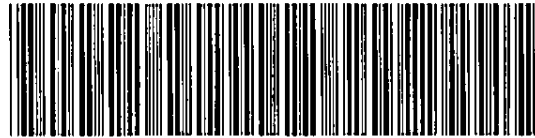
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2517 OCT 25 P 12:01

D SCOTT  
OCT 26 2017

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Vimagil Diamante 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:

Mapalda Sofia Pinho  
Name of Person

Vimagil Diamante LLC  
Firm/Company

5833 S. Goldenrod Road Unit B PMB #410  
Address

Orlando FL 32822  
City/State and Zip Code

masteracctg@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mapalda S. Pinho at (407) 2774049  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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 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

TALLAHASSEE

23 OCT 25 PM 12:01

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Vimagil Diamante LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/28/17 and assigned  
Florida document number L17000201511

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability 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)

5833 S. Goldenrod Road  
Unit B PMB #410  
Orlando FL 32822

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5833 S. Goldenrod Road  
Unit B PMB #410  
Orlando FL 32822

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Ma falda Sofia Pinho

New Registered Office Address:

5833 S. Goldenrod Road Unit B PMB #410

Enter Florida street address

Orlando

City

Florida

32822

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.*

x Ma falda Sofia Pinho Correia  
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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Maíalda S. Pinho	5833 S. Goldenrod Road	<input type="checkbox"/> Add
		Unit B PMB #410	<input type="checkbox"/> Remove
		Orlando FL 32822	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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JAN 1 2011  
FALL WASSER, FLORIDA

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**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.

10/17, 2017

Signature of a member or authorized representative of a member \_\_\_\_\_

Mayalg S. Pinho  
typed or printed name of signee

**Filing Fee: \$25.00**