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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **DIAMOND SHINE CLEANING DV 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:

YOHAIN K VARGAS FUENTES

Name of Person

DIAMOND SHINE CLEANING DV LLC

Firm/Company

4201 23RD AVE SW

Address

NAPLES FL 34116

City/State and Zip Code

rosainediaz09@gmail.com

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

For further information concerning this matter, please call:

YOHAIN K VARGAS FUENTES

239 3982611

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

DIAMOND SHINE CLEANING DV LLC

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✓ 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>
MGR	ROSAINE DIAZ VARGAS	4201 23RD AVE SW NAPLES FL 34116	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2011 BY 60322
UCBAW

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

18 NOV 19 AMT:58

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 09 NOVEMBER 2018

Signature of a member or authorized representative of a member

YOHAIN K VARGAS FUENTES

Typed or printed name of signee