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COVER LETTER

TO: Registration Division of C					
DIAMON SUBJECT:	ID SHINE CLEANING DV LLC	2			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	YOHAINE K VARGAS FUE	ENTES			
	DIAMOND SHINE CLEAN	Name of Person ING DV LLC			
Firm/Company 4201 23RD AVE SW					
	NAPLES FL 34116	Address			
	rosainediaz09@gmail.com	City/State and Zip Code			
		to be used for future annual report notif	leation)		
For further information	concerning this matter, please c	all:			
YOHAINE K VARGA	S FUENTES	239 3982611			
Name	of Person	at () 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMOND SHINE CLEANING DV LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Conforida document number L18000233587	npany were tiled on 10/02/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		1
Principal office address MUST BE A STREET ADDRES		- CO
Thichar office dualess Stost BL A STREET ADDRES		
		<u> </u>
		, iii
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
		13
3. If amending the registered agent and/or register egistered agent and/or the new registered office addres		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	·v
	Emer Furnia sirvet daares	1
		orida
	City	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.

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>	Name ROSAINE DIAZ VARGAS	Address 4201 23RD AVE SW NAPLES FL	Type of Action
MGR		34116	
			■ Remove
			Change
			□ Add
			Remove
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ffective date, if other than the dat an effective date is listed, the date must be iote: If the date inserted in this block	e of filing:specific and cannot	t be prior to c	ate of filing o	more than 90 da	(optional) lys after tiling.)) Pursu	ant to 60	05.020
<u>iote</u> : If the date inserted in this block ocument's effective date on the Depar	does not meet th tment of State's	e applicable records.	statutory fi	ling requirement	nts, this date	will no	ot be lis	sted a
e record specifies a delayed ef The 90th day after the record		but not a	n effective	e time, at 17	2:01 a.m. (on th	e earl	ier
ated	· 201	18						
		1						

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Typed or printed name of signee

Filing Fee: \$25.00