119000260363

(Requ	uestor's Name))
(Addr	ress)	
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(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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C. GOLDEN

COVER LETTER

TO: Registration So Division of Con			
Dialipetalo	H, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diali Carvallo		
		Name of Person	
	Dialipetallo11, LLC		
		Firm/Company	
	1730 Sunrise Drive		
		Address	
	Bartow, FL 33830		
	dialicarvallo@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	
Diali Carvallo		863 210-3305 at ()	
Name o	of 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)	☐ \$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

FILED

Dialipetalol I, LLC

2018 NOV 19 AM 9: 22

(Name of the Limited Liability Compa) (A Florida Limited I.	ny as it now appears on our re-	cords.) 12 TARV OF STATE
(A Fortua Enlined I.	amoning Company)	ALL AHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on 11/06/18	and assigned
Florida document number L18000260363		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Diali Carvallo, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our rec	ords, enter the name of the new
registered agent and/or the new registered office address here	<u>3</u> :	
Name of New Registered Agent:	·	
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ac	ldress
		Florida
	City	, Florida 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>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			Remove
			Add
			☐ Remove
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. Effect	tive date, if other than the date of filing:		(optional)	
Note:	tive date, if other than the date of filing: Tective date is listed, the date must be specific and ca If the date inserted in this block does not meanent's effective date on the Department of States	et the applicable statutory:	or more than 90 days after filing.) Pursuant to iling requirements, this date will not be	605.0207 (3)(listed as the
	cord specifies a delayed effective date 90th day after the record is filed.	te, but not an effectiv	e time, at 12:01 a.m. on the ea	rlier of:
Dated	November 15	2018		

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Typed or printed name of signee

Filing Fee: \$25.00