

L18000280187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

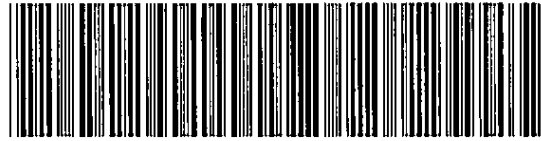
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAR 26 PM 5:56

SECRETARY OF STATE  
TALLAHASSEE, FL

APR 27 2021

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Diamondeir 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:

Stanigua D. Clark

Name of Person

Firm/Company

4480 Deerwood Lake Parkway #126

Address

Jacksonville, Florida 32216

City/State and Zip Code

lawyerinmomiam@gmail.com

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

For further information concerning this matter, please call:

Stanigua D. Clark

Name of Person

at 904, 894-4298

Area Code

Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL

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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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 5, 2021

STANQUA D. CLARK  
4480 DEERWOOD LAKE PARKWAY #126  
JACKSONVILLE, FL 32216

SUBJECT: DIAMONDEIR LLC  
Ref. Number: L18000280187

We have received your document for DIAMONDEIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2019 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The total amount due to reinstate is \$516.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 821A00002631

*Rac 2/24/21*

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

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

FILED  
2021 MAR 26 PM 5:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on December 5, 2018 and assigned  
Florida document number 48000280187

This amendment is submitted to amend the following:

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

DIAMONDEIR LLC

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)

4400 Deerwood Lake Parkway  
#124  
Jacksonville, Florida 32214

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4400 Deerwood Lake Parkway  
#124  
Jacksonville, Florida 32214

**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:

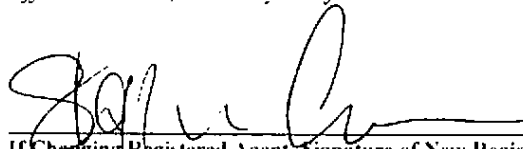
STATIQUA D. Clark

New Registered Office Address:

4400 Deerwood Lake Parkway #124  
Enter Florida street address  
Jacksonville, Florida 32214  
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

L18000280187

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Stanigua Clark	4480 Deerwood Lk pkwy #126 Jacksonville, Florida 32216	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Josephine Clark	4480 Deerwood Lk pkwy #126 Jacksonville, FL 32216	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Josephine Clark	4480 Deerwood Lk pkwy #126 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Stanigua Clark	4480 Deerwood Lk pkwy #126 Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

**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.

March 24, 2021

Signature of a member or authorized representative of a member

STANQUA D. Clark  
Typed or printed name of signer

**Filing Fee: \$25.00**