

L19 0000 48223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

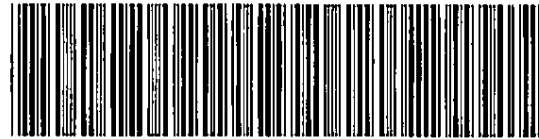
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/08/13--01017--008 **50.00

FILED
2013 APR 19 A 11:13
TALLAHASSEE, FLORIDA

APR 23 2013

T. LEMUEX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diolio, 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:

Daniel Alegria

Name of Person

Diolio, LLC

Firm/Company

4047 NW 87th Ave

Address

Sunrise, FL 33351

City/State and Zip Code

AlegriaDaniel12@gmail.com

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

For further information concerning this matter, please call:

Daniel Alegria 754 252-3610
_____ at _____
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

RECEIVED
APR 16 2019

RECEIVED

2019 APR 17 PM 12:49



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2019

DANIEL ALEGRIA
4047 NW 87 AVE
SUNRISE, FL 33351

SUBJECT: DIOLIO, LLC
Ref. Number: L19000048223

We have received your document for DIOLIO, LLC and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you sent in is not correct you need to file an Amendment for the LLC.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 519A00005471

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

Diolio, LLC

FILED

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

2019 APR 17 A 11:13

The Articles of Organization for this Limited Liability Company were filed on February 2019 and assigned Florida document number L19000048223

TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Di Olio, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Payment of \$60.00 is on file

\$60 - for filing fee, certificate of status and certified copy

In section A, the update to the name is the spacing in between 'Di' and 'Olio'

They are two separate words.

04/11/2019

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.

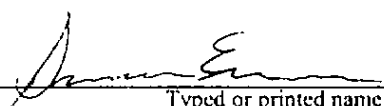
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 04/11/2019 _____

Signature of a member or authorized representative of a member

Daniel Alegria



Typed or printed name of signee