## 19000102529

(Requesto	or's Name)
(Address)	
(Address)	· · ·
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing 6	Officer:

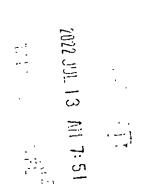
Office Use Only

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4/15/2022

## **COVER LETTER**

Division of Corp	porations		
SUBJECT: Dian	mond Proper	Lare LLC ted Viability Company	<del> </del>
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	idence concerning this matter t	o the following:	
•	J	•	
	Juan C.	Jover Crespo Name of Person	
	Diamond P	roperty Care L	LC_
	891 Fraser	Drive	
	Kissimmee, F		<u></u>
	diamondoro E-mail addless: (to	perty Care F160 cobe used for Juliure annual report nout	mail Com
For further information co	oncerning this matter, please ca	ll:	
Juan C- Name of	Sover (vespo Person	at (324) 512 Area Code Daytime	-7724 Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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



June 20, 2022

JUAN C JOVER CRESPO 891 FRASER DRIVE KISSIMMEE, FL 34759

SUBJECT: DIAMOND PROPERTY CARE LLC

Ref. Number: L19000102828

We have received your document for DIAMOND PROPERTY CARE 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):

Pages 2 and 3 are missing.

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 922A00013856

REC C

[7]

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Prop	serty (	are Ll	C	2022 JUL 13 AH 7:5
(Name of the Limited)	Liability Comp. Florida Limited	any as it now appear Liability Company)	s on our records.)	C.C. J
The Articles of Organization for this Limited Liab	ility Company	were filed on	04/15/2019	TALL
Florida document number <u>L 19000103</u>	<u>828,</u>			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>e limited liab</u>	oility company he	ere:	
The new name must be distinguishable and contain the word	s "Limited Liabi			
Enter new principal offices address, if applicable	e:	<u>891 F</u>	raser du	L, 34759
(Principal office address MUST BE A STREET A	<u>1DDRESS)</u>	14:55	immee F	L, 34759
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	)X)	<b>8</b> 4 1	<u> </u>	
B. If amending the registered agent and/or regi		address on our r	ecords enter the	name of the new registere
agent and/or the new registered office address h		addi css on bui i	ccorus, <u>enter the l</u>	name of the new registered
Name of New Registered Agent:	Juc	an C. J	Jover Co	Vespo
New Registered Office Address:	891		dnie	·
	14:5	Simmee	. Florida	34759
_		City	<del></del> ; = =====	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent			

## 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
AMBR	Elizabeth M. Torres		□Add
		891 Fraser drue Kissimme	FL 34159 C Bremove
MGR	Juan C. Jover	891 Fraser drive Kissimm	_
		□Remove	
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
		□Remove	
	<del></del>	□ Change	
		□Add	
	<del></del>	□ Remove	
			Change
			□Rепюче
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
(If an effect Note: If	e date, if other than the date of filing:
he record s ord is filed	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
Dated	Elly about M. A order representative of a member
	Signature of a member or authorized representative of a member
	Elizabeth M. Torres

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