## L19000 183315

(Requestor's Name)
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S. YOUNG

## COVER LETTER

TO: Registration Se Division of Cor			
Diesel 305			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Vanessa Nunez		
		Name of Person	
	Diesel 305 LLC		
		Firm/Company	
	3200 Mary Street Apt 7		
		Address	
	Miami / Florida 33133		
	info@diesel305.com	City/State and Zip Code	
	_	to be used for future annual repo	ort notification)
For further information of	concerning this matter, please c	all:	
Vanessa Nunez		305 60803	328
Name o	of Person	at () Area Code l	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	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Addre	
Registration Section Division of Corporations		Registratio Division o	on Section f Corporations
P.O. Box 6327			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diesei 305 LLC		:Q
(Name of the Limited Liab	bility Company as it now appears on our records.) rida Limited Liability Company)	<del></del>
(A rioi	rida familied falability Company)	3
The Articles of Organization for this Limited Liability	Company were filed on 07/23/2019	and as
Florida document number L19000183315	·	ı
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or	the abbreviation "1.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		e name of the ne
Name of New Registered Agent:	-	<u> </u>
New Registered Office Address:	Enter Florida street address	
	Floric	
	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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar will accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this doct being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type (
AR	Anabel Dominguez	3200 Mary St. Apt 7, Miami - FI 33133	🗆 Ac
			<b>≡</b> Re
			□Ch
AMBR	Javier Brin	210 Seaview Dr. Key Biscayne - FI 33149	<b>≣</b> Ad
			□Re
			□Ch
	<del></del>		□Ad
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			□Rei
			🗆 Cha
			□Ade
			□Rer

<del></del>	
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E. Effective date, if other th	nan the date of filing:(optional)
(If an effective date is listed, the Note: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to in this block does not meet the applicable statutory filing requirements, this date will not be in the Department of State's records.
If the record specifies a delayed record is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a
June 23rd Dated	2020
	auguntuez -
	signature of a memoer of authorized representative of a memoer
Vanessa Cristi	
Vanessa Cristi	Signature of a member of authorized representative of a member  na Nunez  Typed or printed name of signee

Filing Fee: \$25.00