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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
SUBJECT	• *	MOKE LLC		
SOBJEC	·	Name of Lim	ited Liability Company	
The enclos	sed Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		SHEVONNE DOMINGU	EZ	
			Name of Person	
			Firm/Company	
		20313 NW 42nd Ct		
			Address	
		Miami Gardens, FL 33055		
		shevonnedominguez@gmai	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please co	all:	
SHEVON	NE DOMINGU	JEZ	786 286-5383	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address egistration S		<u>Street Address:</u> Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

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

ARTICLES OF	AMENDMENT		
ARTICLES OF C	DRGANIZATION SEE SEE		
C			
DIESEL SMOKE LLC			
(Name of the Limited Liability Comps (A Florida Limited	AMENDMENT O DRGANIZATION OF Inv as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 08/16/2019 and assigned		
Florida document number L19000210142			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
DIESEL STAR LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8870 SW 72nd Place #B105		
(Principal office address MUST BE A STREET ADDRESS)	Kendall, FL 33156		
Transparing the duties most be ASTREET ADDRESS)			
	8870 SW 72nd Place #B105		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	Kendall, FL 33156		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	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 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	SHEVONNE DOMINGUEZ	8870 SW 72nd Place #B105	
		Kendall, FL 33156	□Remove
			≡ Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
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			□Remove
			□Change

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ote: If	e date, if other than the date of filing:
record 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 d.
ated _	01/11/2020
	(M. Kolental
	Signature of a member or authorized representative of a member

. .

Filing Fee: \$25.00