

L20 0000 67654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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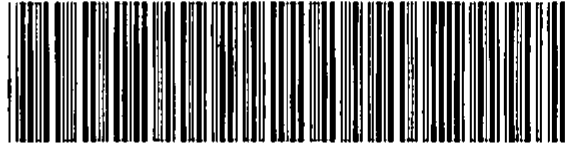
(Business Entity Name)

(Document Number)

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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: DUNAMIS DIESEL & HYDRAULIC REPAIRS 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:

VANEGAS, JAIME

Name of Person

DUNAMIS DIESEL & HYDRAULIC REPAIRS LLC

Firm/Company

3803 BLUE DASHER DR

Address

KISSIMMEE FL 34744

City/State and Zip Code

COLBUSTEAM20@GMAIL.COM

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

For further information concerning this matter, please call:

JAIME VANEGAS

Name of Person

407

at ( )

Area Code

738-7739

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 Address:**

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**

DUNAMIS DIESEL & HYDRAULIC REPAIRS LLC

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

Articles of Organization for this Limited Liability Company were filed on 03/02/2020 and assigned  
Florida document number L20000067654.

This amendment is submitted to amend the following:

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

A 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

3803 BLUE DASHER DR

KISSIMMEE FL 34744

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

3803 BLUE DASHER DR

KISSIMMEE FL 34744

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:

JOHANNA PARDO

New Registered Office Address:

3803 BLUE DASHER DR

*Enter Florida street address*

KISSIMMEE

Florida 34744

*City*

*Zip Code*

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	JAIME A VANEGAS	12328 OCCIPITER DRIVE	<input type="checkbox"/> Add
		ORLANDO FL 32837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
GR	JORGE H CARDONA	217 CORALWOOD CT	<input type="checkbox"/> Add
		KISSIMMEE FL 34744	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

e 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 rd is filed.

Dated 7.1.2020

Signature of a member or authorized representative of a member

JOSEPH H CARDON  
(Typed or printed name of signee)

**Filing Fee: \$25.00**