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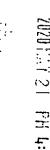
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Amend

JUN 12 2020 I ALBRITTON

COVER LETTER

TO:

Registration Section

Division of Corp	oorations		
SUBJECT:	Ultima Name of Lim	Ite Diesel LL nited Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	M	anuel Luzard	o Parra
		Ultimate Diese Firm/Company	el LLC
	471	West 34th Pl	ace
	<u>Hiajea</u>	h, FL 33012 City/State and Zip Code	
	E-mail address:	nyelmechanic @c	mail. com
For further information ec	oncerning this matter, please o	all:	
Manuel Ur Name of	Person	at (786) 617 Area Code Dayti	ne Telephone Number
Enclosed is a check for th	e following amount:		
X \$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 S Division of Co	ection	Street Address: Registration S Division of Co	
P.O. Box 632° Tallahassee, F		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ultima	He Diesel LL	<u>_</u>	
(<u>Name of the Limited Liabilit</u> (A Florida	Y Company as it now appears on o Limited Liability Company)	ur record <u>s.</u>)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000035885</u>	ompany were filed on 3	19/2020	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designa	tion "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDR.	ESS)		102
Enter new mailing address, if applicable:			22 [
(Mailing address MAY BE A POST OFFICE BOX)			
	-		20
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our record	ls, <u>enter the name o</u>	
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida st	eet address	
		, Florida	
	City	, <u></u>	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
AR	Yadelin Luzardo	471 West 34th Place	□Add
		Hialeah, FL 33012	\(\overline{\overline
			□Change
MGR Manuel Luzaido	471 West 34th Place	X Add	
	Parra	Hialeah, FL 33012	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□ Change

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fan ef Note:	tive date, if other than the date of filing:
reco d is f	rd 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 iled.
)ated	5/11/2020
	Signature of a member or authorized representative of a member
	Yadelin Luzardo