LZ0000131552

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
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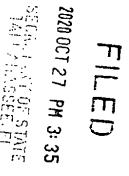


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TO:

Registration Section

P.O. Box 6327

Tallahassee, Fl. 32314

Division of Corporations
TT DID MA CALLO
SUBJECT: JJ DIAMOND 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:
JACQUELINE HERNANDEZ PINO Name of Person
J'J DIAMOND LLC Firm/Company
1143 NW 135Th ST, NMIAMI
N MIHMI FL, 33168 City/State and Zip Code
E-mail address: (to be used for fluture annual report notification)
For further information concerning this matter, please call:
TACQUELINE HERNANDEZ at (786) 380 6331 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee. FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J' J DIAMOND L	LC	
(<u>Name of the Limited Liability Compa</u> (λ Florida Limited I	ny as it now appears on our record hability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company	were filed on	2020 and assigned
Florida document number <u>420000131552</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		
		27
Enter new mailing address, if applicable:		SSE TO
(Mailing address MAY BE A POST OFFICE BOX)		- Γεί ω
		m on
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	··	
New Registered Office Address:	Enter Florida street addre.	SS
	-	
	, F1	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, a	nd I am familiar with and

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>	Name	Address	Type of Action
MGR	Sheymi D. Rogario Hernandez	1143 NW 135Th ST	ÓX Add
	Hernandez	NORTH MIAMI, FL, 33168	□Remove
			□ Change
AMBIZ	JACQUELINE POVECE	4841 SW 11th ct	⊠Add
	OUERICH	PLANTATION, FL, 33317	□Remove
			2920 OC# 27
			NACO DEMProve II
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fective date, if of	her than the date o	f filing: <u>10</u>	101/202	(0(optional)	
n effective date is lis ote: If the date ins	ted, the date must be spec erted in this block doc	ific and cannot be is not meet the a	prior to date of filing	, or more than 90 days	after filing.) Pursuant to t, this date will not be	605.0207 listed as
cument's effective	date on the Departmo	int of State's rec	ords.			
ecord specifies a d	elayed effective date,	out not an effect	ive time, at 12:01 a	a.m. on the earlier o	of: (b) The 90th day	after the
is filed.						
: 10/	20/2020					
ited 107						
nted		(2k(1))	authorized represent			

Filing Fee: \$25.00