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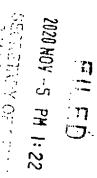
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## **COVER LETTER**

	on of Corporations			
OT ID TO OT	PIPARIONIE ENTERPRISES LI	C ~	And the second	
30 <b>1</b> 0000001	Name	of Limited Liability Com	pany	
The enclosed A	articles of Amendment and fee(s)	are submitted for filing		
Please return al	If correspondence concerning this	matter to the following:		
	WALTER PARIO	NΑ		
		Name of Pe	rson	
	DIPARIONIE ENT	ERPRISES LLC		
		Firm/Comp	pany	<del></del>
	875 YACOLT RD	SE		
	<del></del>	Address	,	
	PALM BAY, FL 3	2909		
	<del></del>	City/State and Z	Lip Code	
	diparionie@hotmail			
	E-mail ac	ldress: (to be used for futur	re annual report notif	ication)
For further info	rmation concerning this matter, p	lease call:		
WALTER PAI	RIONA	321 at (	417-9144	
	Name of Person	Area C	ode Daytime	Telephone Number
Enclosed is a cl	heck for the following amount:			
□ \$25.00 Fili	ng Fee	atus Certified		\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is encl

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

DIPARIONIE ENTERPRISES LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recorted Liability Company)	ds.)
he Articles of Organization for this Limited Liability Compa	any were filed on 9/9/2020	and assigned
lorida document number 1.2000282744		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L.L.	• • • • • • • • • • • • • • • • • • • •
Inter new principal offices address, if applicable:	<del></del>	020 N
Principal office address MUST BE A STREET ADDRESS		VO 40
		518 July 3
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		22
. If amending the registered agent and/or registered offi gent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	155
<u> </u>		lorida
	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>	<u>Address</u>	Type of Action
AMBR	WALTER PARIONA	875 YACOLT RD SE	
		PALM BAY, FL 32909	□Remove
			<b>≡</b> Change
		<del></del>	· □Add
		<del></del>	□Remove
			□Add
			□Remove
		<del></del>	
			□Add
			Remove
			Change
			□Add
			Remove
		<del></del>	Change
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			□Remove
			□Change

EIN#: 85-3102429				
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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to k does not meet the applica			.) Pursuant to 605.0207 (
record specifies a delayed effective d l is filed.	late, but not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) Th	ne 90th day after the
November 2	. 2020	<u></u> .		

Filing Fee: \$25.00