

L20 000 282744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

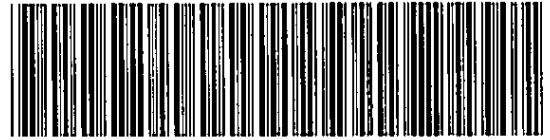
(Business Entity Name)

(Document Number)

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12/14/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIPARIONIE ENTERPRISES 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:

WALTER PARIONA

Name of Person

DIPARIONIE ENTERPRISES LLC

Firm/Company

875 YACOLT RD SE

Address

PALM BAY, FL 32909

City/State and Zip Code

diparionie@hotmail.com

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

For further information concerning this matter, please call:

WALTER PARIONA

321 417-9144

at ()

Name of Person

Area Code

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WALTER PARIONA	875 YACOLT RD SE	<input type="checkbox"/> Add
		PALM BAY, FL 32909	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
		.	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN#: 85-3102429

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the 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 record is filed.

Dated November 2 2020

Walter Parion

Signature of a member or authorized representative of a member

Walter Pariona

Typed or printed name of signee

Filing Fee: \$25.00