

121 000356657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

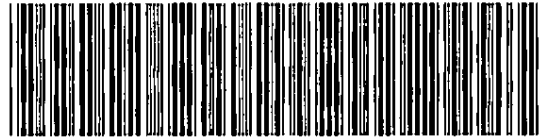
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIMARQUI EXPRESS, 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:

DAVID RAMIREZ

Name of Person

DIMARQUI EXPRESS, LLC

Firm/Company

1612 W WATERS DR

Address

TAMPA, FL 33604

City/State and Zip Code

Aragonesquintero@hotmail.com

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

For further information concerning this matter, please call:

DAVID RAMIREZ

813 255-0594

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

TALLAHASSEE, FL

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVID RAMIREZ	18565 OBREGAN DR	<input checked="" type="checkbox"/> Add
		SPRING HILLS, FL 34610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIANA MARCELA Aragon Quintana	18565 OBREGAN DR	<input type="checkbox"/> Add
		SPRING HILLS, FL 34610	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FALL HILLS, FL

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TALLAHASSEE, FL

2021 OCT 25 PM 5:44
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(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),

Dated SEPTEMBER 18 2021

DAVID RAMIREZ

Filing Fee: \$25.00