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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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22 APR 14 AM 9: 51

T. MATTHEWS
MAY - 6 2022

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Diamond Car De Name of Limited Liabil	p-lailing LLC
The enclosed Articles of Amendment and fee(s) are submitted fo	
Please return all correspondence concerning this matter to the following	Howing:
Joan Carlos So	anchez Espinosa ame of Person
Diamond Car	anchez Espinosa  me of Person  - Defailing LLC  irm/Company
13234 SW 142 Ter	Address
Vlami, Fh City/S Jediamondcarde E-mail address: (to be use	33186 State and Zip Code  Haling Ag mail, Com  d for future Innual Jeport notification)
For further information concerning this matter, please call:	
To Parla Carchas Ochinosa	305.282 8600
Joan Carlos Sanchez Espinosa Name of Person	Area Code Daytime Telephone Number
Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

Tallahassee. FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

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ON FILED SECRETARY OF STATE DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION **OF** 

Dramond Car Detailing LLC 22 APR 14 AM 9:51
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $03/14/3000$ and assigned Florida document number $122000136288$ .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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 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>	Type of Action
AMBR	Joan Carlos Sanchez	13234 Sw 142 Ter Miami FL, 33186	ØAdd
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7. II AIRC	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	tive date, if other than the date of filing:
record is fi	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
Dated	abril 4th, 2022
	Signature of a member of authorized representative of a member
	Hany Ortiga Gonzailez  Typed or printed name of signee