KZZ 000174474

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section

Division of Cor	rporations					
	O TRANSPORT SERVICES L	LC				
SUBJECT:	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing				
		-				
riease feturii aii correspo	ondence concerning this matter	to the following:				
	LEANDRO CABRERA					
		Name of Person		-		
	DIAMOND TRANSPORT	TSERVICES LLC				
	_	Firm/Company		-		
	5804 WEST 26TH AVE					
		Address		- ,-	2972	
	HIALEAH FL 33016			•		•
		City/State and Zip Code		- ;	1.	
	DAMARISACCOUNTAX	-		, - · ·	707	
		to be used for future annual report no	otification)	•	. 	
For further information of	concerning this matter, please c	all:		:	(3)	
DAMARIS HERNAND	EZ	305 851-6977 at ()				
Name o	of Person		me Telephone Numbe	г		
Enclosed is a check for t	be following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	El \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status		
Mailing Addre Registration		Street Address: Registration S	ection			
Division of C		Division of Co				
P.O. Box 632	27	The Centre of	Tallahassee			
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 8	310		

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

AUG 0 4 2022

July 1, 2022

LEANDRO CABERA '5804 WEST 26TH AVENUE HIALEAH, FL 33016

SUBJECT: DIAMOND TRANSPORT SERVICES LLC

Ref. Number: L22000174474

We have received your document for DIAMOND TRANSPORT SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 922A00014926

Hi, please see correct form attached. please refund the overace of the \$10.00 on alread previously sent.

Mouleyer

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMOND TRANSPORT SERVICES LLC

company has been notified in writing of this change.

(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 Li Florida document number L22000174474	ability Company	were filed on 04/1	1/2022	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applications	uble:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)		···	
				
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our re	cords, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Florie	la street address	
		City	, Florida	
New Registered Agent's Signature, if changing R	logistored Agent	-		Zip Code
I hereby accept the appointment as registered			anagity. I firether asses	a to comply with the
provisions of all statutes relative to the prope				

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

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	ISBEL CARMONA LARA	5804 WEST 26TH AVE	
		HIALEAH, FL 331016	□Remove
			□Change
MGR	LEANDRO CABRERA	5084 WEST 26TH AVE	□ Add
		HIALEAH, FL 33016	[]Remove
			■Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□ Change

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fective date, if other than the date		07/28/2022				(optional))	
in effective date is listed, the date must be s	recific and ca	unnot be prio	r to date of t	filing or mor	e than 90 day	s after filing	g.) Pursuant to 6	(05.0207
ote: If the date inserted in this block cument's effective date on the Depart				itory filing i	requirement	is, this date	will not be l	isted as t
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ecord specifies a delayed effective date	e. but not ar	effective t	time, at 12	:01 a.m. on	the earlier	of: (b) TI	he 90th day a	fter the
is filed.						(- 1		
oted		2022						
		2 0						
	130							
Sign	iture of a me	mber or auth	iorized repr	esentative of	l'a member		- -	
LEANDRO CABRERA								

Filing Fee: \$25.00