

L23000136493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

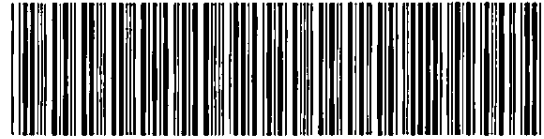
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FILED  
2024 APR -2 PM 4:49  
SECRETARY OF STATE  
MASSACHUSETTS

Diana Carolina Valentin  
6129 43rd Ave N  
St. Petersburg, FL 33709  
March 78, 2024

Department of State  
Division of Corporations  
The Centre of Tallahassee  
2415 N Monroe Street, Suite 810  
Tallahassee, FL 3203

Dear Sir/Madam,

I hope this letter finds you well. I am writing to formally request a change of name through the appropriate channels within the Department of State. My current legal name in the records is Diana Carolina Marin, and I legally changed it to Diana Carolina Valentin.

Enclosed, please find the necessary documentation supporting this name change request, including a copy of my driver's license, and any other relevant legal documents.

I kindly request that the Department of State process this change of name at your earliest convenience. If there are any additional forms or procedures required, please do not hesitate to inform me so that I can promptly provide the necessary information.

For any further correspondence or inquiries regarding this matter, I can be reached at my daytime phone number: 727-481-5374, or email at [diana.marin07@icloud.com](mailto:diana.marin07@icloud.com).

Thank you for your attention to this matter. I appreciate your assistance in facilitating this name change process.

Sincerely,

*Diana Carolina Valentin*  
727-481-5374

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DIANA CAROLINA MARIN 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:

DIANA CAROLINA MARIN

\_\_\_\_\_  
Name of Person

DIANA CAROLINA MARIN LLC

\_\_\_\_\_  
Firm/Company

6129 43 rd AVENUE N

\_\_\_\_\_  
Address

ST. PETERSBURG, FL 33709

\_\_\_\_\_  
City/State and Zip Code

DAVE@REPTAXPRO.COM

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

For further information concerning this matter, please call:

DAVID BYCK

561 350-9278  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

10  
**ARTICLES OF ORGANIZATION  
OF**

DIANA CAROLINA MARIN LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED

2024 APR -2 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/16/2023 and assigned  
Florida document number L23000136493.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

DIANA CAROLINA VALENTIN LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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 Changing Registered Agent, Signature of New Registered Agent

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**F. 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 MARCH 27TH

2024

Signature of a member or authorized representative of a member

DIANA CAROLINA VALENTIN

Typed or printed name of signee