

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L23000297974

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LAMADRID FINANCIAL SERVICES CORP
 Account Number : I20200000059
 Phone : (954)727-9771
 Fax Number : (954)727-9773

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: diana@lamadridfinancial.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 GROUP DIAMOND PARTS LLC**

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DEPT. OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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Electronic Filing Menu Corporate Filing Menu Help

< H 23000297974 3 >

T. LEMIEUX
 AUG 29 2023

<H23000297974 3>
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROUP DIAMOND PARTS 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:

VANESSA SANCHEZ
Name of Person
GROUP DIAMOND PARTS LLC
Firm/Company
4100 NW 135TH STREET UNIT 5A
Address
OPA-LOCKA, FL 33054
City/State and Zip Code
grupodiamondparts@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA SANCHEZ
Name of Person
305 389-5599
at () 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

< H23000297974 3 >

< H23000297974 3 >
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

GROUP DIAMOND PARTS LLC

(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 06/19/2023 and assigned Florida document number L23000294964.

This amendment is submitted to amend the following:

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

DIAMOND PARTS GROUP 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:

5271 SW 8th Street Apt 213

(Principal office address MUST BE A STREET ADDRESS)

Coral Gables, FL 33134

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

< H23000297974 3 >

< H 23000297974 3 >

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>
_____	N/A	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

< H 23000297974 3 >

<H230002979743>

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

N/A

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 08/28/2023 (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 _____

Vanessa Sanchez

Signature of a member or authorized representative of a member

VANESSA SANCHEZ

Typed or printed name of signee

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