L23000 358435

(Requestor's Name)
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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Sc Division of Cor	ction porations		
CIIDI	rct.	DIAMOND HEART II	NSURANCE SOLUTIONS LLC	
3000	SUBJECT: DIAMOND HEART INSURANCE SOLUTIONS LLC Name of Limited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			YISEL TEJEIRO	
Name of Person				
		DIAMOND HEA	RT INSURANCE SOLUTIONS L	LC
			Firm/Company	
	5225 NW 85TH AVE APT 703			
Address				
DORAL FL 33166				
			City/State and Zip Code	
		diamondl	neart2023@yahoo.com	<u> </u>
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please c	all:	- به منها منهای از این
				(fication)
		<u>Fejeiro</u> f Person	at (786) 296-5888 Area Code Daytim	ie Telephone Number
	Nanco	i i cison	Aca Code Dayum	e Terephone Number
Enclos	sed is a check for the	ne following amount:		
□ \$2	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 Addres		Street Address:	
	Registration S		Registration Se Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of 1		
	Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	IOND HEART INSURANCE SOLUTIO			
(Name of the	Limited Liability Company as it now appe (A Florida Limited Liability Company)	<u>ars on our records.</u>)		
·	–	07/31/2023	and assign	ned
Florida document number L230003	58435			
This amendment is submitted to amend the	e following:			
A. If amending name, enter the new na	me of the limited liability company	<u>here</u> :		
The new name must be distinguishable and contain	n the words "Limited Liability Company," the	designation "LLC" or th	ne abbreviation "L.L.C	D."
Enter new principal offices address, if a	pplicable:			
(Principal office address MUST BE A ST	REET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	. •	
			E/3	
Enter new mailing address, if applicable	e:			
(Mailing address MAY BE A POST OFF	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) ganization for this Limited Liability Company were filed on			
			, ,	
				'
B. If amending the registered agent and	Vor registered office address on our	records, enter the r	name of the new r	egistere
agent and/or the new registered office a			,	-
Name of New Registered Agent:	YISEL TEJEIRO	 ::		
New Registered Office Address:				
		lorida street address		
		Florida	1	
	City	, , , 101144	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 Desistand Agent Sig	nature of New Desistered Asset
If Changing Registered Agent, Sig	nature 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>	Address	Type of Action
MGR	YISEL TEJEIRO	5225 NW 85TH AVE APT 703 DORAL, FL 33166	= Add
			🗆 Remove
			□Change
			□Add
			□Remove
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an effective da lote: If the d	te, if other than the date of the is listed, the date must be spe late inserted in this block do	cific and cannot be prior t es not meet the applica	o date of filing or more to	(option than 90 days after fit quirements, this d	ling.) Pursuant to 605	.0207 ed as
ocument's ef	ffective date on the Departm	ent of State's records.				
record speci is filed.	fies a delayed effective date,	but not an effective tir	me, at 12:01 a.m. on t	he earlier of: (b)	The 90th day afte	r the
ated	21 SEPTEMBER	,,				
			T)			
		ure of a member or author	<u> </u>			