## 1 24000 248353

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Address)                               |
| (Business Entity Name)                  |
| (Document Number)                       |
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08/12/24--01031--008 \*\*25.00

## **COVER LETTER**

|                 | Registration Sec<br>Division of Corp |   |   |   |  |  |
|-----------------|--------------------------------------|---|---|---|--|--|
| ern me          |                                      | CORDS LLC                                     |   |   |  |  |
| SUBJEC          | T:                                   |   | ited Liability Company  |   |  |  |
| The enclo       | osed Articles of A                   | amendment and fee(s) are sub                  | mitted for filing.  |   |  |  |
| Please ret      | turn all correspor                   | dence concerning this matter                  | to the following:   |   |  |  |
|                 |                                      | JORGE BARRANTES                               |   |   |  |  |
|                 |                                      |   | Name of Person  |   |  |  |
|                 |                                      | BJ NATIONWIDE SERVI                           | ICES INC  |   |  |  |
|                 |                                      |   | Firm/Company  | · <del>u</del>  |  |  |
|                 |                                      | 30420 S DIXIE HWY                             |   |   |  |  |
|                 |                                      | Address HOMESTEAD, FL 33030                   |   |   |  |  |
|                 |                                      |   |   |   |  |  |
|                 |                                      | City/State and Zip Code AZOYTAX@BELLSOUTH.NET |   |   |  |  |
|                 |                                      | otification)                                  |   |   |  |  |
| For furth       | er information co                    | ncerning this matter, please ca               | -   | ······  |  |  |
| JORGE BARRANTES |                                      |   | 305 242-2232<br>at ()   |   |  |  |
|                 | Name of                              | Person  | Area Code Dayt  | ime Telephone Number  |  |  |
| Enclosed        | is a check for the                   | e following amount:                           |   |   |  |  |
| <b>■</b> \$25.0 | 00 Filing Fee                        | ☐ \$30.00 Filing Fee & Certificate of Status  | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DIESEL RECORDS LLC  |  |                                       |
|---|--|---------------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | pany as it now appears on our records,) I Liability Company) |                                       |
| The Articles of Organization for this Limited Liability Companional document number <u>L24000248353</u> .                             | y were filed on <u>05/30/2024</u>                            | and assigned                          |
| his amendment is submitted to amend the following:  |  |                                       |
| L. If amending name, enter the new name of the limited lia  | bility company here:   |                                       |
| he new name must be distinguishable and contain the words "Limited Liab   | bility Company," the designation "LLC" (                     | or the abbreviation "E.L.C."          |
| Enter new principal offices address, if applicable:   |  | · · · · · · · · · · · · · · · · · · · |
| Principal office address MUST BE A STREET ADDRESS)  |  |                                       |
|   |  |                                       |
|   |  | •                                     |
| Inter new mailing address, if applicable:   |  |                                       |
| Mailing address MAY BE A POST OFFICE BOX)   | · · · · · · · · · · · · · · · · · · ·                        | ی                                     |
|   |  |                                       |
| <ol> <li>If amending the registered agent and/or registered office<br/>gent and/or the new registered office address here:</li> </ol> | e address on our records, <u>enter th</u>                    | e name of the new regi                |
| Name of New Registered Agent:   |  |                                       |
| New Registered Office Address:  |  |                                       |
|   | Enter Florida street address                                 |                                       |
|   | , Flor   | ida                                   |
|   | 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

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 |
|--------------|---------------|---------------------|----------------|
| AMBR         | JUAN G TEJERA | 18041 SW 148 AVE RD | <b>=</b> Add   |
|              |               | MIAMI, FL 33187     | □Remove        |
|              |               |                     | Change         |
|              |               |                     | □Add           |
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| fective date, if other the<br>n effective date is listed, the date;<br>If the date inserted in<br>cument's effective date or | late must be specific<br>this block does no | and cannot be prior<br>of meet the applic | able statutory filin                  |                       | tiling.) Pursuant to 60: |        |
| ecord specifies a delayed of is filed.   | effective date, but                         | not an effective ti                       | me, at 12:01 a.m.                     | on the carlier of: (t | ) The 90th day after     | er the |
| AUGUST 7TH   |   | 2024                                      | <del></del> ·                         |                       |                          |        |
|  | CTEja                                       | sa_                                       |                                       | of a member           |                          |        |
|  | Signature o                                 | f a member or author                      | orized representative                 | of a member           |                          |        |
|  |   |   |                                       |                       |                          |        |

Filing Fee: \$25.00