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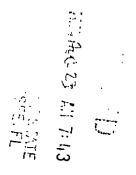
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COVER LETTER

	nited Liability Company	
Aniendment and fee(s) are sul	omitted for filing	
	_	
	G	
KEVIN KING PRADO		
	Name of Person	
	Firm/Company	
19751 NW 57TH PLACE		
	Address	
HIALEAH, FL 33015		
kevoking91@gmail.com	City/State and Zip Code	
		ification)
meerining this matter, piease e		
	at ()	
Person	Area Code Daytin	ne Telephone Number
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S30.00 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)
ection rporations	Street Address: Registration Se Division of Co	
_ 32314	The Centre of T	
	Amendment and fee(s) are substandence concerning this matter KEVIN KING PRADO 19751 NW 57TH PLACE HIALEAH, FL 33015 kevoking91@gmail.com F-mail address: (ncerning this matter, please of Person following amount: \$\square\$ \$30.00 \text{ Filing Fee & Certificate of Status} \text{ Certificate of Status} \text{ Certificate of Status}	Name of Limited Liability Company Antendment and fee(s) are submitted for filing. Indence concerning this matter to the following: KEVIN KING PRADO Name of Person Firm/Company 19751 NW 57TH PLACE Address HIALEAH, FL 33015 City/State and Zip Code kevoking91@gmail.com E-mail address: (to be used for future annual report not neering this matter, please call: Person at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KING DIAMOND K LLC

	 _	
(Name of the	ELimited Liability Company as it no (A Florida Limited Liability Co	w appears on our records)
The Articles of Organization for this Limit Florida document number L24000338768	ted Liability Company were filed	d on and assigned
This amendment is submitted to amend the	e following:	
A. If amending name, enter the new nar		any here:
The new name must be distinguishable and contain	the words "Limited Liability Company	," the designation "LLC" or the abbreviation "L.L.C."
the strices address, if ap	Oblicable 1975 I Ni	W 57TH PLACE HIALEAH, FL 33015 U.S
(Principal office address MUST BE A STR	(LLI ADDRESS)	
Enter new models and a		
"" " " " " " " " " " " " " " " " " " "		
Mailing address MAY BE A POST OFFIC	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFIC	CE BOX)	
Mailing address MAY BE A POST OFFIC	CE BOX)	ur records, enter the name of the new register
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/ore the new registered office address and/or the new registered agent and/or the new registered agent and/or the new registered agent and/or the new registered office address and the new registered and the n	r registered office address on o	ur records, enter the name of the new register
<u>Mailing address MAY BE A POST OFFIC</u>	r registered office address on o ress here: KEVIN KING PRADO	ur records, enter the name of the new registe
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/orgent and/or the new registered office address Mame of New Registered Agent:	r registered office address on o ress here: KEVIN KING PRADO 19751 NW 57TH PLACE	ur records, enter the name of the new registe
Name of New Registered Agent:	r registered office address on o ress here: KEVIN KING PRADO 19751 NW 57TH PLACE	ur records, enter the name of the new registe

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ELENA E VARGAS SINCLAIR	19751 NW 57TH PŁACE HIALEAH, FL 33015 US	
		TYPE OF ACTION: I NEED TO REMOVE	≅Remove
		THAT PERSON TO THE CORPORATION.	□ Change
			□Add
		 	□Remove
			🗆 Change
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If an eff Note:	ive date, if other than the date of filing:
ord is fi	
Dated	08/01/ 2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00