L25000108111

(Re	equestor's Name)	
	ldress)	
(,	
(Ac	ldress)	
		to.
(Cı	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
,	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Con	· . •	• •	
CELD ED OM	UARTE LLC		
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diana Duarte Rey		
		Name of Person	
	Diana Duarte LLC		
		Firm/Company	
	13903 Arclid St		
		Address	
	Orlando FL 32832		
		City/State and Zip Code	
	dianaduarterealtor@gmail.	com to be used for future annual report notification	<u>, </u>
For further information of	en-mail address: (-	2025 JU SEOPE TANK
Diana Duarte Rey		786 2 27 93 31	25
Name o	of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for t	he following amount:		6
■ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIANA DUARTE LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>L25000108111</u>	e filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
DIANA DUARTE REY LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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)	100 25
	22
B. If amending the registered agent and/or registered office addre	
agent and/or the new registered office address here:	
Name of New Registered Agent:) H O
New Registered Office Address:	
Tivit Registered Office (Mariess).	Enter Florida street address
	, Florida
	Zity 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 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>	Type of Action
			□ Add
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		Add	
			Петоve
			Change
			□ Remove
			□Change

	
	
	
	
Note: If the date inserted i	han the date of filing:
he record specifies a delayed ord is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	DAM DELES
June 11	Signature of a member or authorized representative of a member