2002	UNIFORM BUSI	NESS RE <b>R</b> OI		101	)00C	AAL		
DOCU	MENT # <b>L970000</b>	00422		77 ) <i>1</i>	WHII.	HIY	IL	
1. Entity Nam	e	,		NVV	V			
DIANA IN	IVESTMENT, LLC				TO A LOCAL	ED		
Principal Place of Business Mailing Addre					02 NOV 21	AM IO: 40		
30 LAGORCE CIRCLE MIAMI BEACH FL 33141		30 LAGORCE CIRCLE MIAMI BEACH FL 33141			SECRETARY	)Siemos = U		
MIAMI DENOTITE SSITI		<b></b>			SECNETARYA TABEAHASSEE	FFORIDA-		
	lace of Business 11ins Avenue	3. Mailing Address 5700 Collins Avenue			<b>38</b> 11 <b>0</b> 1; <b>3</b> 10 ; <b>31</b> 111   <b>33</b> 11 <b>  53</b> 111 <b>31</b> 311		B 71010 1181 7881	
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE		
8-H City & State	e	8-H City & State		4. FE	Number <b>65-0823871</b>		Applied For	
Miami Beach, FL		Miami Beach, FL					Not Applicable	
Zip 33140	Country USA	Zip 33140	Country USA	<b>5</b> . Cer	tificate of Status Desired	□ \$5.00 Fee Req	Additional uired	
	6. Name and Address of Current	Registered Agent	Name	7. Nan	ne and Address of New R	egistered Agent		
SANCHEZ, DIANA				Diana Sanchez Staudinger				
1	<del>Agoroe-Girgle-</del> I <del>I Beagh FL-33141-</del>	Street A	Street Address (P.O. Box Number is Not Acceptable) 5700 Collins Avenue					
14th-Cla	IF BEAUTIFIE 3014 F		Apt. 8-H					
			Miami Beach FL Zip Code 33140					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
Signal De typed or printed name of registered agent and tites applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
		W!!! FEE IS \$ able to Depart						
Ì			September 25,					
9. TITLE	MANAGING MEMBE	RS/MANAGERS  Delete	10.		ADDITIONS/	CHANGES  XX Char	nge 🗆 Addition S	
NAME	SANCHEZ, DIANNA	Celete	NAME	F700 0.1	14	_		
ł	<del>-30 LAGORGE CIRCLE</del> <del>-MIAMI-BEACH FL-38141-</del>		STREET ADDRESS CITY-ST-ZIP	5700 Col   Miami Be	lins Avenue, a each. FL 33140		j	
TITLE	MGRM	Delete	TITLE	TIEMEL DO	acii, il 3314	XX Char	ige Addition	
NAME	SANCHEZ, MONICA		NAME STREET ADORESS	5700 Co.1	lina Arranua	R_H		
STREET ADDRESS CITY-ST-ZIP	-MIAMI-BEACH-FL-99141-		CITY-ST-ZIP		llins Avenue, Seach, FL 33140			
TITLE		☐ Delete	TITLE			☐ Char	ge 🗌 Addition	
NAME - STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS					
CITY-ST-ZIP	•		CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME		0000091 /20/0201086-	22460	ige Addition	
STREET ADDRESS	TA THE REAL	72002	STREET ADDRESS		/20/0201086-	-001 **150	![][ <u>]</u>	
CITY-ST-ZIP	MSTATEMEN	Delete	CITY-ST-ZIP TITLE	***		Char	nge	
NAME 5 8	184 A.S	n.v.	NAME			_	-	
STREET ADORESS CITY-ST-ZIP		105	STREET ADDRESS CITY-ST-ZIP			*,,**		
TITLE		☐ Delete	TITLE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Char	ige	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE AND THEO OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/1/02

305-868-0123

Daytime Phone #