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R. HUNT 03/24-27

COVER LETTER

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TO:

Registration Section

Division of Corporations

SUBJECT:	Diamond S	tar Leasing LLC			
SUBJECT.		Name of Lim	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Heather de Paulo			
			Name of Person	-	
		Diamond Star Leasing LL0	С	~.	
			Firm/Company	7. 2.4.1844	
		1607 Pinetree Dr. NE		;	. ,
			Address	7	\$ 51513
		Steinhatchee, FL 32359	Min Mod	PM 3: 4	3
			City/State and Zip Code	· <u>:</u>	
		diamondstarleasing@gmail	.com		
		E-mail address: (to be used for future annual report notification)		
For further in	nformation co	oncerning this matter, please co	all:		
Heather de F	Paulo		305 345-2006 at ()_		
	Name of	f Person	Area Code Daytime Telephone Number	r	
Enclosed is a	check for th	ne following amount:			
≡ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 F Certified Copy Certificat (additional copy is enclosed) Certified (additional	ite of Sta I Copy	atus &
Reg Div P.C	iling Addressigistration Sovision of Cook 632 lahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Star Leasing LLC

and assigned abbreviation "L.L.C."	
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: abbreviation "L.L.C."	
: abbreviation "L.L.C."	
abbreviation "L.L.C."	
Florida document number L22000494292 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Diamond Marciana LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
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<u>→</u>	
ime of the new register	
, Florida	
Zip Code	
agree to comply with the second of the secon	

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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		Section 1	PRemove □ Change
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ective date, if other than the date of filing:		(optional)	
n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applic	able statutory filing re		
cument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective ti s filed.	me, at 12:01 a.m. on the	he earlier of: (b) TI	he 90th day after ti
red March 10th , 2023	_· <u>^</u>		
	//		
Signature of a member of author	orized representative of a		

Filing Fee: \$25.00