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## Florida Department of State

Division of Corporations Public Access System

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J. BRYAN

AUG 2 0 2008

**EXAMINER** 

## **COVER LETTER**

Division of Cor			
SUBURCT, Diamon	d Enterprises L.L.C		
		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	08 P.
	Michael S. Tobin, Esq.		08 AUG 19
		(Name of Person)	·
•	Rothman & Tobin, P.A.	•	3
		(Firm/Company)	**************************************
	11900 Biscayne Bouleva	rd, Suite 740	
	Miami, FL 33181	(10000)	
		(City/State and Zip Code)	,
For further information o	oncerning this matter, please c	all:	
Michael S. Tobin, Esq.		at ( 305 ) 895-3225	· .
(Name	of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for fi	he following amount:		·
☑ \$25.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Piling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ragist	ING ADDRESS: ration Section	STREET/COURTE Registration Section Division of Gorborate	

P.O. Box 6327
Tallahassee, PL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22;

Diamond Enterprises L.L.C.	1	,
(Name of the Limited Liability (A Florida L	Company as it now a	pears on our records.)
/a = v sassemmes	minou Discounty Comp	uty)
The Articles of Organization for this Limited Liability Co	empany were filed on	November 15, 2002 and assigned
Plorida document number L02000030829	_,	· · · · · ·
	•	
This amendment is submitted to amend the following:		·
A If amounting name outputte up-		
A. If amending name, enter the new name of the limit	se nantara contoru	Z INGER:
	·	
The new name must be distinguishable and end with the word "LL.C."	ls "Limited Liability C	ompuny," the designation "LLC" or the abbreviati
Enter new principal offices address, if applicable:		
(Principal office address MUST RE A STREET ADDR	ESS)	L
·	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Transport Harman Control and C		1
•	<del></del>	
B. If amending the registered agent and/or registe	ered office address	on our records, enter the name of the n
registered agent and/or the new registered office addr	ess here:	
		1
Name of New Registered Agent:		1.
N D 14 100 441		
New Registered Office Address:		(Enter Florida street address)
•		, , , , , , , , , , , , , , , , , , ,
<u> </u>	(City)	, Florida(Zip Code)
N. W. L. Mar at Olivery 18th of a Westernal		(Zip Coae)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent of the provisions of all statutes relative to the proper an accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	d complete perform ent as provided for	ance of my duties, and I am familiar with an in Chapter 608, F.S. Or, if this document is
	(If Changing Register	ed Agent, Signature of New Resistered Assent)
	Page 1 of 2	

MCR = Ma MGRM = N	Managing Member		
Title	Name	Address	Type of A
MGRM	Jonathan Candiotti	2738 Meadowood Orive Weston FL 33332	Add Remove
	<u></u>		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	~		Add Remove
D. If omen	ding any other information, enter cha	nge(s) here: (Attach additional sheets,	
			08 AUG 19
Dated	2/19/02 200	Much hada	AH 8: 29
	Signature of a mem Shoshana Candiotti	be or authorized representative of a mem	oei .