Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

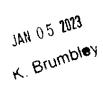
Email Address:____

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Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now approach (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number		_ and assigned		
lorida document number L19000263797 This amendment is submitted to amend the following:	10/21/2019	_ and assigned		
his amendment is submitted to amend the following:		- •		
. If amending name, enter the new name of the limited liability company				
6	<u>here</u> :			
THE DIAMOND FACTORY MIAMI LLC				
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.L.C."		
inter new principal offices address, if applicable:		~ >		
Principal office address MUST BE A STREET ADDRESS				
TAILED IN OFFICE GRAPES (NOST DE ASTREET ADDRESS)		A .		
	: : :	5		
nter new mailing address, if applicable:	••			
Mailing address MAY BE A POST OFFICE BOX)	Ć	<u>.</u>		
		0		
		<u> </u>		

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 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>	<u>Name</u>	Address	Type of Actio
AMBR	GUERRA, GLORIA P	2621 SOLANO AVE	☐Add
		COOPER CITY, FL 33024	
			□Change
AMBR	PADRON, JAVIER R	2621 SOLANO AVE	Add
	-	COOPER CITY, FL 33024	□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			Change
			□Add
			Remov
			☐ Change
			□Add
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Signature of a member or authorized representative of a member

Typed or printed name of signee

JAVIER R PADRON