



Office Use Only



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COVER LETTER

Tallahassee, FL 32314

	Registratio Division of					
SUBJEC			rp Installations LLC.			
SUBJEC	-I·		Name of Lin	nited Liability Company		
The encl	osed Article	es of A	mendment and fee(s) are sub	omitted for filing.		
Please re	eturn all corr	respond	dence concerning this matter	to the following:		
			Christopher W. Benton Jr.			_
				Name of Person		
			Diamond Sharp Installation	ns LLC		
				Firm/Company	-	_
			1843 Sundown Dr.			
				Address		_
			Navarre, FL. 32566			
				City/State and Zip Code		_
			dsharp354@gmail.com			
			E-mail address:	to be used for future annual report ne	otification)	
For furth	er informati	ion con	cerning this matter, please o	all:		
Christop	her W. Bent	ton Jr.		850 685-8411 at ()		
	Na	ime of F	Person	Area Code Dayt	ime Telephone Numb	er
Enclosed	l is a check t	for the	following amount:			
□ \$2 5.	00 Filing Fe	ee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
	Mailing Ad Registrati		ction	Street Address: Registration S	Section	
	Division of	of Co	rporations	Division of C	orporations	
	P.O. Box	6327		The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on onited Liability Company)	our records.)
pany were filed on 4/23/202	24 and assigned
liability company here:	
Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
<u></u>	
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	35
fice address on our record	ls, enter the name of the new registered
Enter Florida str	eet address
	, Florida
City	Zip Code
	liability company here: Liability Company," the designa S) Fice address on our record

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>	Address	Type of Action
AMBR	Jocelyn R. Barton	1843 Sundown Dr.	■Add
		Navarre, FL. 32566	□ Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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			□Add
			□Remove
			□ Change

						
						
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					-	
Effective date, if other than the land of	iust be specific ar block does not	nd cannot be pri meet the appl	licable statutory	or more than 90 day	(optional) s after filing.) Pursuan s, this date will not	it to 605.0207 be listed as
e record specifies a delayed effected is filed.	ive date, but no	ot an effective	time, at 12:01 a	.m. on the earlier	of: (b) The 90th d	ay after the
Dated 5/3/2024		1300		_		
		61		1		

Filing Fee: \$25.00

Typed or printed name of signee