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COVER LETTER

TQ:

Registration Section

Division of Corpo	orations		
SUBJECT:	·····	DS SERVICES ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	MARIL	ENA JIMENEZ	
	va	Name of Person	
		Firm/Company	
	12021 NW	/ II TH ST	
	PEMBROKE	PINES, FLORIDA	33026
		City/State and Zip Code OUGS @ Gmail . com to be used for future annual report notific	cation)
For further information cor	accerning this matter, please ca	all:	
MARILENA Name of F		at (<u>305</u>) <u>80773</u> Area Code Daytime	B16 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DIAMONDS SERVICES LECMAT 25 HOLL (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEURETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on MARCH Florida document number <u>L 22</u>000111 67 3 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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>	<u>Address</u>	Type of Action
MGR	MARILENA JIMENEZ	12021 NW 11 TH ST	□Add
		PEMBROKE PINES	□Remove
		FL, 33026	Z Change
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
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Effective	date, if other th	ıan the date of fil	ing:		(optic	o nal) filing.) Pursuant to 60	
Note: If	the date inserted in	date must be specific and this block does not not the Department of	t meet the applica	to date of filing or mo able statutory filing	re than 90 days after requirements, this	filing.) Pursuant to 60 state will not be lis	5.0207 ted as
		effective date, but r	not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b) The 90th day after	er the
ord is filed							