Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000226374 3)))



H250002263743ABC+

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, NAPLES

Account Number : I1999000199
Phone : (850)681-6810
Fax Number : (850)631-9792

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

Email Address: \_\_\_\_jonathan.gopman@nelsonmullins.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL DIANNE LLC

Certificate of Status	0
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Help

K. SALY

JUN 2 7 2025

Fax Audit No. H25000226374 3

## **COVER LETTER**

Fax Audit No. H25000226374 3

TO: Registration So Division of Cor			
	DIANNE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following	
	DIANNE M. HOLBROOF	ζ	
		Nante of Person	<del></del>
		Firm/Company	<del></del>
	1700 S Ocean Blvd #17D		
		Address	<del></del>
	Lauderdale by the Sea, FL	33062	
	<u> </u>	City/State and Zip Code	<del></del>
	dianneebs@yahoo.com E-mail address: (	to be used for future annual report notif	ication)
or further information c	oncerning this matter, please or	all	
JONATHAN E. GOPM.	AN, Esq.	(239) 325-0401 at (	
Name o	f Person	Aren Code - Dayume	Telephone Number
Enclosed is a check for th	ne 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)
<u>Mailine Addres</u> Registration (		<u>Street Address:</u> Registration Sec	tion
Division of C	orporations	Division of Corp	porations
P.O. Box 632		The Centre of T	
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810	

Tallahassee, FL 32303

Fax Services

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Fax Audit No. H250002263743

GLOBAL DIANNE LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
GLOBAL DIANNE LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 04/12/2022 and assigned Florida document number 1.22000166567
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, <u>enter the name of the new regi</u> agent and/or the new registered office address he <u>re</u> :
Name of New Registered Agent:
New Registered Office Address:  Enter Florida street address
Enter Florida street andress . Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

Fax Audit No. H25000226374 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
S	JACQUELYN FREER	3105 Fox Hollow Street	<u> </u>
		Round Rock, Texas 78681	ERemove
		<del></del>	CChange
			- IRentove
			IRenove Propose
			I⊒Remove
			∩Change
			CRemove
<del></del>			ZAdd
		<u>.</u>	CRemove
		<del></del>	□ Change
			□ Add
			□Remove
			□ Change

Fax Services

Fax Audit No. H25000226374-3

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effective date, if other than the da effective date is listed, the date must be If the date inserted in this block ment's effective date on the Depar	specific and cannot be prior to date of fill does not meet the applicable statuto timent of State's records.	(optional) ng or more than 90 days after filing.) ry filing requirements, this date v	Pursuant to 605.02 will not be listed
ord specifies a delayed effective da filed.	ite, but not an effective time, at 12:0	a.m. on the earlier of: (b) The	90th day after th
d	2025		
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	nature of a member or authorized tenies	entative of a incided	