## 118000211062

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## **COVER LETTER**

TO: Registration S Division of Co					
BRILLAN SUBJECT:	CE OF DIAMONDS LLC				
SUBJECT:	Name of Lim	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	SIMON NAON				
	NAON AND CO. LLC	Name of Person			
	2450 HOLLYWOOD BLV	Firm/Company 'D STE 200B		18 1ALL	
Address HOLLYWOOD FL 33020				FILED NOV -2 M 8: 11 MINSSEE, FLORID	
	SIMON@NAONANDCO.C			FLON CO	
For further information of	E-mail address: () concerning this matter, please ca	to be used for future annual report notificall:	cation)	DA I	
SIMON NAON		347 898-6079			
Name (	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	JNG ADDRESS: ration Section	STREET/COURIE Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BRILLANCE OF DIAMONDS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida I	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L18000211062	ompany were filed on 09/05/2018	and assigned
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ed liability company here:	
BRILLIANCE OF DIAMONDS LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	·	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my dutics, and ent as provided for in Chapter 605, F	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of S	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

<u> Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			□ Remove
			18 FILE
		-	SSEE, FL GROWN
			Change
			Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			Change

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		10/10/2018				
Effective date, if other t	han the date of fili	ng:		(optio	nal)	
f an effective date is listed, the Note: If the date inserted	date must be specific a	nd cannot be prior to	date of filing or mo	re than 90 days after t	filing.) Pursuant to 6 date will not be li	05.0207 sted as:
document's effective date			ne statutory thing	requirements, uns	date will not be if	sica as
ne record specifies a The 90th day after			an effective ti	me, at 12:01 a	.m. on the ear	lier of
10/10/2018 Dated						
Jated		-•	_ ·			
			=			
	Signature of	a member or author	ized representative o	f a member		

D.

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Typed or printed name of signee

Filing Fee: \$25.00