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EXAMINER



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SECRETARY OF STATE
ALL AHASSEF, FLORIO

COVER LETTER

TO: Registration Section Division of Corporations		
over an one Di	amand Crack Davidanment LLC	
	amond Creek Development LLC	
IN.	ame of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.	
Please return all correspondence cor	ncerning this matter to the following:	
T 115		
Tony McDow Name of Person	eli	
Nume of Ferson		
Diamond Creek Develor	ppment LLC	
r nin Company		
PO Box 1359	93	
Address		
Tallahassee, FL	32317	
City/State and Zip Coo		
•		
tonv@diamondcreekdevs	elopment com	
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning t	his matter, please call:	
Tony McDowell	at (800) 245-8061	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRE	SS: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the	following amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMOND CREEK DEVELOPMENT, LLC

(<u>Name of the Limited</u>	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited L Florida document number	· · · · —	06/28/2005	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability company her	<u>re</u> :		
The new name must be distinguishable and end wi "L.L.C."	ith the words "Limited Liability Compa	nny," the designation "Ll	LC" or the abbreviation	
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		AHASS	PR 1	
(Mailing address MAY BE A POST OFFICE BOX)		Ω.c. U.≺	2 11	
		F C	<u> </u>	
B. If amending the registered agent and/ registered agent and/or the new registered o	-	ਲੋ≥ Our records, <u>ente≯th</u>	e name of the new	
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	3305 Wildwood Trail			
	Enter Florida street address			
	Tallahassee	Florida	32312	

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 608, 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

Florida

Zip Code

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Tony McDowell	3305 Wildwood Trail	✓ Add Remove
		Tallahassee, FL 32312	Kemove
MGRM	Tony McDowell	1910 Buford Blvd Suite A	Add
		Tallahassee, FL 32308	Remove
			Add Remove
			 ∏ Add
			Remove
			Add Remove
			Add †Remove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	
			- -
 Dated	Am'127	2011 .	_
	Signature of a m	ember or authorized representative of a member	
	Tony M	Typed or printed name of signee	. ————

Page 2 of 2

Filing Fee: \$25.00