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## **COVER LETTER**

то:		ration Se on of Cor	ction' porations		
SUBJI	EK DEVELOPMENT, LLC				
3000	LC1	nited Liability Company			
The en	iclosed Ai	rticles of	Amendment and fee(s) are sul	ubmitted for filing.	
Please	return all	correspo	ndence concerning this matter	er to the following:	
			Tony McDowell  Name of Person		
				Name of Ferson	
		DIAMOND	CREEK DEVELOPMENT, LLC		
Firm/Company		Firm/Company			
PO			PO Box 16373		
	Address			Address	
	Tallahassee, FL 32317				
	City/State and Zip Code				
				tony@dcdfl.com  (to be used for future annual report notification)  TOTAL TOTA	
			E-mail address: (	(to be used for future annual report notification)	
For fu	rther info	rmation c	oncerning this matter, please		
		Tor	ny McDowell	at (800) 245-8061 PS	
	······	Name of	<del></del>	Area Code & Daytime Telephone Number	
Enclos	sed is a ch	eck for th	ne following amount:		
\$2.	5.00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section on of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMOND CREEK DEVELOPMENT, LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Compar Florida document numberL0500063725	ny were filed on06/2	9/2005 e	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the d	lesignation "LLC"	or the abb	reviation
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)			12 BCT	<u>-11</u>
Enter new mailing address, if applicable:	PO BOX 16373	SSET.	23 AM	m
(Mailing address MAY BE A POST OFFICE BOX)	Tallahassee, FL	_ 32317	<b>8</b> .1	**************************************
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:  New Registered Office Address:	ere: Enter Floric	rds, <u>enter the n</u> da street address	ame of	the nev
<del></del>	City		Zip Code	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

New Registered Agent's Signature, if changing Registered Agent:

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.

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

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Remove Add 🔲 Remove □ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 22 Signature of a member or authorized representative of a member Tony McDowell Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00