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(Red	questor's Name)	
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(City	//State/Zip/Phone	e #)
PłCK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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COVER LETTER

		istration Sec sion of Corp				1
ON DIE			eek Development, LLC			
SUBJEC	J1:	-	Name of Lim	ited Liability Company		
The encl	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please re	turn	all correspon	dence concerning this matter	to the following:		
			Tony McDowell			
				Name of Person		
			Diamond Creek Developm	ent, LLC		
				Firm/Company		.
			PO Box 540			
			·	Address		
			Panacea, FL 32346			
				City/State and Zip Cod	le	
			tony@dcdfl.com	to be used for future annu	al report notification)	_ _
For furth	ıer in	formation co	ncerning this matter, please ca		u repost neutrounous,	
Tony Mo	cDov	vell			588-9798	
·		Name of	Person	at ()_ Area Code	Daytime Teleph	one Number
Enclosed	l is a	check for the	: following amount:			
置 \$25.0	00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fed Certified Copy (additional copy is e		\$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address: istration Se			Address: tration Section	
	Div	ision of Co	rporations	Divisi	ion of Corporation	
	$\mathbf{r}.\mathbf{U}$. Box 6327		i ne C	Centre of Tallaha	SSCC

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Creek Development, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number	were filed on June 28, 2005	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		020
·		. 05
		5 = =
nter new mailing address, if applicable:		- ' I
,,		- 3 5
Aailing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered office a tent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Fłori	
	City	Zip Code

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

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>	Address	Type of Action
AMBR	Joshua K. Allen	6410 Garfield Road	■Add
			□Remove
		Fort Meade, FL 33841	□Change
			□Add
			□Remove
			200 DE Add
			□ Add □ Remove □ □ Change
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Effective date, if other the fan effective date is listed, the Note: If the date inserted in locument's effective date of	date must be specif	ic and cannot be pric not meet the appli	or to date of filing or cable statutory fil	more than 90 days after	onal) r filing.) Pursuant to 6 s date will not be l	505.0207 (3 isted as th
record specifies a delayed d is filed.	effective date, bu	nt not an effective	time, at 12:01 a.n	n, on the earlier of: (b	o) The 90th day a	fter the
DatedDecember 3	/	. 2020				
			horized representat			

Filing Fee: \$25.00