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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL ,
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EXAMINER



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10 MAY -4 PK 3: 16

SECRETARY OF SALL DIVISION OF CONFORATION

COVER LETTER

Division of Cor					
SUBJECT:	DIVERSIFIED IN	NVESTIGATORS, LLC			
		ed Liability Company	·····		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	CARLA ⁻	TURNER-HAHN, ESQUIRE			
		Name of Person			
	DIVERSIFIED INVESTIGATORS, LLC				
	Firm/Company				
	PO BOX 41735				
		Address			
	ST PE	TERSBURG, FL 33743			
		City/State and Zip Code			
	E-mail address: (to	LATHAHN@AOL.COM be used for future annual report notifications	ation)		
For further information co	oncerning this matter, please ca	ali:			
CARLA TURI	NER-HAHN, ESQUIRE	at (_727)4	33-1624		
Name o	f Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILI	ING ADDRESS:	STREET/COURIE	R ADDRESS:		
Registration Section		Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporat Clifton Building			
Tallaha	ssee, FL 32314	2661 Executive Cent Tallahassee, FL 3230			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIVERSIFIED INVE	STIGATORS	S, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	ers on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	10-23-2006	and assign	ned
Florida document number L06000102949				
This amendment is submitted to amend the following:		·		
A. If amending name, enter the new name of the limited liab	ility company he	e <u>re</u> :		
DIVERSIFIED INVESTIGATORS	& SECURITY	SERVICES, LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	pany," the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applicable:	4004 Park S	treet North_	=	NS.
(Principal office address MUST BE A STREET ADDRESS)	St. Petersbu	rg, FL 33709	3	<u>0</u> 22
				9.5
Enter new mailing address, if applicable:			PR	165 (1,46 %) 14 9 11 11 11 12 14 1
(Mailing address MAY BE A POST OFFICE BOX)			ယ္	3-
			<u>ත</u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter th	ne name of	the new
Name of New Registered Agent:				
New Registered Office Address:		771 - 7		
	E	nter Florida street addr	ess	
		, Florida	7. 6.1	
	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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessa	uy.)
_			
Dated	4-29,2	018	
	_	per or authorized representative of a member	
		a Turner-Hahn, Esquire	

Page 2 of 2

Filing Fee: \$25.00