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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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K. SALY NOV 22 2016

## **COVER LETTER**

TO: Registration Section Division of Corporation			4
SUBJECT: DIAM	ond Door I	ited Liability Company,	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Jo Goodm	در ۾ .	
		Name of Person	
		Firm/Company	<del></del>
	82 13m A	Address	
	Naples FL	City/State and Zip Code  SS @ Swail . Co to be used for future annual report notification.	
	Jogooduau E-mail address: (1	o be used for furnile annual report notifice	ation)
For further information cor	ncerning this matter, please ca		
Jo Gooding Name of E	Person	at (239) 7774 Area Code Daytime T	¿ Z & O
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 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

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**

2016 NOV 21 PM 5:27

SECRETARY OF STATE
ALLAHASSEE, FLORIOA

The Articles of Organization for this Limited Liability Company were filed on MRY 22, 2009 and assigned Florida document number L090004 9902 This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited	liability company here:	
Milloankee Investments The new name must be distinguishable and contain the words "Limited I	idhility Company" the decima	tion "I I C" or the abbreviation "I I C"
The new name must be distinguishable and comain the words. Eminted t	Liability Company, the designa	mon face of the appreviation E.E.C.
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u> .	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	
	Enter r torida sti	reei aaaress
		, Florida
	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: 2016 NOV 21 PM 5: 27 MGR = Manager AMBR = Authorized Member SECRETARY OF STATE FALLAHASSEE, FLORIDA **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> \_□ Add □ Remove □ Change \_□ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change □ Add □ Remove \_□ Change \_□ Add □ Remove ☐ Change □ Add □ Remove \_□ Change \

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