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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporatio	ns		•
SUBJECT: DICHMO	Name of Limite	ROUGH T	uprovements, LLC
The enclosed Articles of Amenda	ment and fee(s) are subm	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	Micha	el Puglie	Se
$\mathcal{D}I$	amond in a	the Rough	Inprovements, LLC
<u>4</u> :	524 bun	Club Rd -	H-103
<u>W</u>	est Poulm	Back Fl City/State and Lip Code	33415
du	CE-mail address: (to	he rough 413 (be used for future annual rep	DAMULICOM ort gostication)
For further information concerning	ng this matter, please call	:	
MIChael Pur Name of Person	gliese	at (501) Area Code	386 - 7766 Daytime Telephone Number
Enclosed is a check for the follow	ving amount:		
	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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

FILED 2015 OCT 23 PM 3: 4.

Diamond in the k	OUSH FMF abilityCompany as it no	OCOUNTED TO SELECTION OF A SELECTION OF A SELECTION OF THE CONTRACT OF THE CON	CIARY-OF STATE HASSEE. FLORIDA
The Articles of Organization for this Limited Liability Florida document number	ty Company were file	ed on 12/1/2009	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability con	npany here:	
The new name must be distinguishable and contain the words the term of the second of t	:	any," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	N/A	
B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent: New Registered Office Address:		dress on our records, enter	
_	City	, Florida	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

Page 1 of 3

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 Title <u>Address</u> Type of Action Name LUTRONICO WPB FI 33415 M66 GIOVANNi Lannonro 4594 Gun Glubrel - Add _□ Change ☐ Change □ Add ☐ Remove 1 Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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_		Signature	of a memb	er or autho	nized repr	esentative of	l'a member				

Page 3 of 3

Filing Fee: \$25.00