

(R	Requestor's Name)	
· (A	Address)	_
(A	Address)	
, (C	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	Business Entity Name)	_
(Document Number)		
Certified Copies	Certificates of Status	_
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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE F. STATE

COVER LETTER

то:	Registration'Sec Division of Corp				:
SHRIE	'СТ•	Diamondback	Manufacturing, LL	С	
Name of Limited Liability Company					
		Amendment and fee(s) are sulndence concerning this matter	-		
٠			Faith Denman		_
			Name of Person		_
		Diamoi	ndback Manufacturing,	LLC	
			Firm/Company		
		1060 COX ROAD			
			Address		
			COCOA, FL 32926		
			City/State and Zip Code		_
		info@o E-mail address: (diamondbackairboats.c	rt notification)	_
For furt	her information co	oncerning this matter, please o	all:		
	Franc	es Fleckinger	at (_321_)_	633-5624	
	Name of	Person		Daytime Telephone Nun	iber
Enclose	d is a check for the	e following amount:			
₹ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	Certif closed) Certif	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
	MAILI	NG ADDRESS:	STREET/CO	OURIER ADDRESS	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond	back Manufacturing, L	LC.	
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appear rida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabili			and assigned
Florida document numberL10000033145	<u>5 </u>		
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company here	<u>2</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A)	DDRESS)		
			11 SEC
Enter new mailing address, if applicable:			発展 8
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		I S
			E.Y
			TO SE III
B. If amending the registered agent and/or re	egistered office address on o	ur records, enter	name of the new
registered agent and/or the new registered office	address nere:	ž	91
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street ada	ress
		, 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 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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Faith Denman	5760 Seminole Street Mims, FL 32754	Add Remove
			Add Remove
			Add Remove
			Add Remove
 _			Add Remove
			Add Remove
D. If amend	ling any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	_
			_
 Dated	October 25		
	Signature of a	Mauces Alectica of a member	
		Frances Fleckinger Typed or printed name of signee	

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Filing Fee: \$25.00