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(Re	questor's Name))
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☐ PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

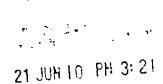
TO: Registration Se Division of Cor			
Diamondba	ck Manufacturing LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Faith Denman		
		Name of Person	
	Diamondback Manufacturi	ing LLC	
		Firm/Company	
	1060 Cox Road		
		Address	
	Cocoa, FL 32926		
		City/State and Zip Code	
	faith@diamondbackamerica	i.com to be used for future annual report noti	(fertion)
er er et et en er et en e			(incation)
For luther information c	oncerning this matter, please c		
Faith Denman		321 305-5995 ex	
Name o	t'Person	at () Area Code Daytin	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration Se	ection
Registration 5	Section .	Negistration Se	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Diamondback Manufacturing LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	<u> N.</u>
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.10000033145}{1.0000033145}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	M.
	, Fl	lorida
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	Add 21s JUH TU TI	Type of Action
VP	Frances C Fleekinger	1060 Cox Road	
		Cocoa, FL 32926	Remove
			□Change
COO	Carlie Carver	1930 Tomato Farm Road	= Add
		Mims. Ft. 32754	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Remove
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Note:	re date, if other than the date of filing:
ne record ord is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
Dated	une 4 2021
Dated	Paita Prinman?
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00