<u>1000033152</u>

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
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(Document Number)						
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EXAMINER



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11 OCT 31 PH 3: 31 SECRETARY OF STATI ALLAHASSEE, FLORII

COVER LETTER

TO:	Registration S Division of Co	Section orporations	,	
SUBJE	ССТ:		pack Towers, LLC	
		Name of Lim	ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
			Faith Denman	roman Person Towers, LLC Inpany ROAD SS _ 32926 Zip Code Cktowers.com Irre annual report notification) 21
			Name of Person	
		Dia	mondback Towers, LLC	
			Firm/Company	
1060 COX ROAD				
			Address	
			COCOA, FL 32926	
			City/State and Zip Code	
		info@	diamondbacktowers.com	stion)
For furt	her information (concerning this matter, please of	·	atony
		ices Fleckinger	u((
	Name o	of Person	Area Code & Daytime	Telephone Number
Enclose	d is a check for t	he following amount:	,	
√ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

Diamone (Name of the Limited Lie billion	dback Towers, LLC	
(<u>Name of the Limited Liability</u> (A Florida	Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability C	Company were filed on	3/25/2010 and assigned
Florida document number L10000033152	<u>_</u> .	
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 end with the wor"L.L.C."	rds "Limited Liability Compar	ry," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	A co
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OCT 31 M 3: 8 CRETARY OF STATEMENT OR STATEMENT OF STATEMENT OR STATEMENT OF STATEMENT OR STATEMENT OF STATE
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on or ress here:	Om ø n
Name of New Registered Agent:		
New Registered Office Address:	F	er Florida street address
	Ente	
	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 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

<u>Name</u> Faith Denman	Address 5760 Seminole Street Mims, FL 32754	Remove
Faith Denman	Mims, FL 32754	Remove
		Remove
		Damayo
		AddRemove
		Add Remove
		<u>~</u> n
ng any other information, ente	r change(s) here: (Attach additional sheets, i	if necessary.)
October 25	0044	
, Al	auces Alecturas	
	October 25	October 25 , 2011 . Signature of a member or authorized representative of a member or printed name of signee Frances Fleckinger Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00