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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GILMAN CIOCIA INC.

Account Number : I20120000051

Phone

: (305)937~7773

Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email Address: | |
|----------------|--|
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HRISA DIAMOND LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
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S. YOUNG

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COVER LETTER

| | gistration Section vision of Corporations | |
|-----------------|---|--------------|
| SUBJECT: | HRISA DIAMOND LLC | |
| SOLULEI. | Name of Limited Liability Company | |
| The enclosed | ed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return | n all correspondence concerning this matter to the following: | |
| | CAROLINA HERES | |
| | Name of Person | |
| | Firm/Company | |
| | 4147 STIRLING ROAD APT 503 | |
| | Address | |
| | HOLLYWOOD, FL 33021 | 8 5 - |
| | City/State and Zip Code Ch 1105 col Phot mail. com | |
| | E-mail address: (to be used for future annual report notification) | |
| For further in: | nformation concerning this matter, please call: | |
| Car | rolling Heres 11(954) 822 A 08. | 27 |
| | Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a | a check for the following amount: | |
| ■ \$25.00 Fi | Filing Fee \$\Bigcup \\$30.00 \text{ Filing Fee & }\Bigcup \\$55.00 \text{ Filing Fee & }\Bigcup \\$60.00 Filing Fee & | Status & |

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

| HRISA DIAMOND LLC | | | | |
|---|--|--|--------------------------|--------------------------|
| (Name of the Lin | tited Linbility Comp (A Florida Limited | any as it now appe Liability Company) | ars on our records.) | |
| The Articles of Organization for this Limited Liability Company were file | | | MAY 6, 2010 | and assigned |
| Florida document number L10000049057 | · | • | | |
| This amendment is submitted to amend the fo | llowing: | | | |
| A. If amending name, enter the new name | of the limited list | oility company h | <u>iere</u> : | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the | designation "LLC" or th | ne abbreviation "L.L.C." |
| Enter new principal offices address, if appli | icable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 4147 STIRLIN | G ROAD APT 503 | |
| | | HOLLYWOO | D, FL 33021 | 7.0 = |
| | | | | EG. |
| Enter new mailing address, if applicable: | | | | [] |
| (Mailing address MAY BE A POST OF FICE BOX) | | 4147 STIRLIN | IG RD APT 503 | 132 |
| | | HOLLYWOOI | D, FL 33021 | |
| | | | | 200 |
| B. If amending the registered agent and registered agent and/or the new registered of | l/or registered of office address her | ffice address or g: | n our records, <u>en</u> | ter the name of the ne |
| Name of New Registered Agent: | CAROLINA H | ERES | | |
| New Registered Office Address: | 4147 STIRLIN | G RD APT 503 | | · |
| · · · · · · · · · · · · · · · · · · · | | Enter Flo | rida strcet address | |
| | HOLLYWOOI | | . Florida | 33021 |
| | | 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------------------------|----------------|
| MGRM | SHALOM GLAM | 16400 NE 17TH AVE #104 | |
| | | NORTH MIAMI BEACH FL 3316 | ■ Remove |
| | | | Change |
| AMBR | CAROLINA HERES | 4147 STIRLING RD APT 503 | ■ Add |
| | | HOLLYWOOD, FL 33021 | □ Remove |
| | | | Change |
| | | | Gdd |
| | | | Remove |
| | | | Change To |
| | | | Remove |
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