12000084627

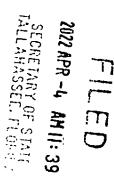
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Registration Se Division of Cor			
EILEEN DI	AMOND ENTERPRISES LLO	- ·	
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:	
	EILEEN DIAMOND		
		Name of Person	
	EILEEN DIAMOND ENT	ERPRPISES LLC	
		Firm/Company	
	5795 SW 50 TERR		
		Address	
	MIAMI FL 33155		
	eileendiamond@mac.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
EILEEN DIAMOND		305 992-8492	
		at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for the	ne following amount:	,	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) ☐ Certified Co (additional copy	of Status & opy
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202 TAL SI

EILEEN DIAMOND ENTERPRISES LLC		TAR AND THE
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	F-7
The Articles of Organization for this Limited Liability C Florida document number L12000084627	Company were filed on	7, 2012 Tand 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	ited Liability Company," the design	ation "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)		<u> </u>
	-	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	reet address
	Cin	, Florida Zip Code
	V	224 Cinic

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
MGR	LILLIAN TAMAYO	5795 SW 50 TERR MIAMI FL 33155	•
			X Add
			•
			□R e move
			•
			☐ Change
			□ Add
			□ Remove
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	·		□ Change
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