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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

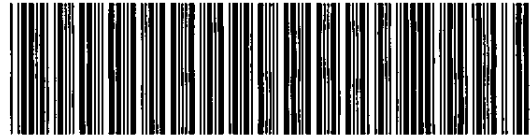
(Business Entity Name)

(Document Number)

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ALLAHBACH, N. WISLA

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LAW OFFICE
of

Ray Garcia, P.A.

Attorneys

Ray Garcia, Esq.
David A. Herrero, Esq.
Trinette Zartan, Esq.

Attorneys at Law

www.raygarcialaw.com
• Board Certified in Real Estate Law

Address

14850 SW 26th Street Suite 204
Miami, Florida 33185
Tel: 305.227.4030
Fax: 305.223.9811
legal@raygarcialaw.com

Sent via U.S. Mail

July 31, 2014

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Quintana Training Systems, LLC

To whom it may concern,

Enclosed herewith, please find the form to amend the Articles of Organization of a Florida Limited Liability Company along with a check in the amount of \$25.00 (check number 181) in regards to the above mentioned matter.

If you have any questions, please do not hesitate to contact me at 305-227-4030.

Sincerely,

Lauren Rivas
Legal Assistant

Enclosures
LR/

2014 AUG -5 PM 2:41
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUINTANA TRAINING SYSTEMS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAY GARCIA, ESQ.

Name of Person

LAW OFFICE OF RAY GARCIA, P.A.

Firm/Company

14850 SW 26TH STREET, SUITE 204

Address

MIAMI, FLORIDA 33185

City/State and Zip Code

RGARCIA@RAYGARCIALAW.COM

E-mail address: (to be used for future annual report notification)

2014 AUG -5 PM 2:41
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

RAY GARCIA

Name of Person

at **305 227-4030**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

QUINTANA TRAINING SYSTEMS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/17/2012 and assigned
Florida document number L12000118309

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DIAMOND DREAMS PLAYER DEVELOPMENT, LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7/30, 2014


Signature of a member or authorized representative of a member

MIGUEL QUINTANA

Typed or printed name of signee

2014 AUG -5 PM 2:41
CLERK OF STATE
TALLAHASSEE, FLORIDA