## L13000018897

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SECRETARY OF WATE

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	,		COVER LETTER	
	istration Se sion of Cor		•	
	Diamond Z	、 Trimming & Training 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	ondence concerning this matter	to the following:	
		Jeremy Zackowski		
			Name of Person	
		Diamond Z Trimming & T	raining LLC	
			Firm/Company	
		154 Bakers Acres Drive		
			Address	
		Hawthorne, FL 32640		
			City/State and Zip Code	<del></del>
		jeremy@diamondztraining.	com to be used for future annual report notification)	
Dan Bankan in	famostas a			
		concerning this matter, please c		
Jeremy Zacko			850 304-1028 at ()	
	Name o	f Person	Area Code Daytime Telephone Nu	mber
Enclosed is a	check for the	he following amount:		
<b>■</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	0 Filing Fee. ificate of Status & ified Copy ional copy is enclosed)
Reg	ling Addres		Street Address: Registration Section Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Z Trimming & Training LLC

company has been notified in writing of this change.

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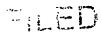
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) ility Company) 15 (2007) - 54	TATE
		-!
The Articles of Organization for this Limited Liability Company we	re filed on 02/06/2013	and assigned
Florida document number 1.13000018897		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	v company here:	
Diamond Z Trimming & Shoeing LLC		
The new name must be distinguishable and contain the words "Limited Liability C	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)		
Filming dualess MAT DE ATOST OFFICE DOM		
•		
B. If amending the registered agent and/or registered office add	ress on our records, enter the na	me of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
V D : 1007 411		
New Registered Office Address:	Enter Florida street address	<del> </del>
	. Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		·
I hereby accept the appointment as registered agent and agree t	to act in this capacity. I further a	igree to comply with

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

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 or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member



<u>Title</u>	Name	Address 2023 HOV 12 PM 4: 07	Type of Action
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			□Change

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	DHI AHASWEE, FL
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C. Effective date, if other than the discontinuous date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( ok does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective opened is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 9	
	for your
81	ignature of a member or authorized representative of a member
	deremy Zackouski Typed or printed name of signee