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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Diamond Place 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:

Kelly Bookstein  
Name of Person

Firm/Company

4430 Western Road  
Address

Davis FL 33331  
City/State and Zip Code

Kelly@titleguarantyflorida.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly at 954 389 9483  
Name of Person 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

Diamond Place LLC

Page 1 of 3

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

MGR = Manager  
MGRM = Managing Member

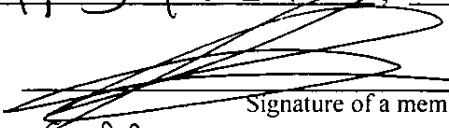
| <u>Title</u> | <u>Name</u>     | <u>Address</u>   | <u>Type of Action</u>                   |
|--------------|-----------------|------------------|---|
| MGRM         | Kelly Bookstein | 16504 Diamond PL | <input checked="" type="checkbox"/> Add |
|              |                 | Weston FL 33331  | <input type="checkbox"/> Remove         |
|              |                 |                  | <input type="checkbox"/> Add            |
|              |                 |                  | <input type="checkbox"/> Remove         |
|              |                 |                  | <input type="checkbox"/> Add            |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9/3/2013

  
Signature of a member or authorized representative of a member  
Mark Brustein Kelly Brustein  
Typed or printed name of signee

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Filing Fee: \$25.00

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