L13000 144887

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SECRETARY OF STATE

JUN O 6 2013

COVER LETTER

Division of Corp	orations		
	iamonds LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Catrina Bank		
	-	Name of Person	
	Dominion Diamonds		
		Firm/Company	
	1391 NW Saint Lucie Wes	st Blvd #105	
		Address	
	Port St Lucie, FL 34986		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	cdavis@dominv.com		
	E-mail address: (to be used for future annual report notifica	ition)
For further information co	ncerning this matter, please ca	all:	
Catrina Bank		772 204-0741 at ()	2016 J
Name of	Person		elephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Francisco Certificate of Status & Certified Gopy (additional copy is enclosed)

MAILING ADDRESS:

TO: · Registration Section

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

Dominion Diamonds LLCV			
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab	bility Company were filed on 10/15/2013	and ass	signed
Florida document number L13000144887			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
Trust In Diamonds LLC			
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if applicab	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
		_	
		.	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO			
Maning address MAT BE A POST OF FICE BO	<u> </u>		
	-		
R. If amending the registered agent and/or	r registered office address on our records, e	nter the name	of the ne
registered agent and/or the new registered office		ittel the hame	or the ne
Name of New Registered Agent:		E S	
		HAA BAB UL 8	
New Registered Office Address:	Enter Florida street address	AHA MARANANA MARANA MARANA MARANA MARANA MARANA MARANA MARANA MARANA MANANA MARANA MARANA MARANA MARANA MARANA MARANA MARANA MARANA MARANANA MARANA MARANA MARANA MARANA MARANA MARANA MARANA MARANA MANANA MARANA M	B
	-	1987 C	
	, Florid	a Zip Code	
New Registered Agent's Signature, if changing Reg	·	85 E	0
	<u> </u>	(B) 5	
	agent and agree to act in this capacity. I furthe and complete performance of my:duties, and I		
	ered agent as provided for in Chapter 605, F.S.		
	gistered office address, I hereby confirm that th		
company has been notified in writing of this ch	iange.		

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Add
			Remove
			☐ Change
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fective date, if other than the date of filing:			(optional)		
an effective date is listed, the date must be specific and cannot be prio ote: If the date inserted in this block does not meet the appli	cable statutor				
ocument's effective date on the Department of State's records	S.				
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effect	tive time, at	: 12:01 a.m.	on the	earlier
June 29 , 2016	-/)				
	_	ntative of a mem			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00