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SECRETARY OF STATE
TAIL MRASSFE, FLORIDA

N. Gumgan MAY 12 2014

COVER LETTER

TO: Registration Section Division of Corporation	ons		
SUBJECT: DIAMO	nd Marke Name of Limite	ting Consulting d Liability Company	, LLC
The enclosed Articles of Amend	ment and fee(s) are submi	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	Evelyn	Garcia Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
· .	3549 Fore	est Hill Bluch.	# 28
	West Palm	Bech., FL 33	406
	diayondua E-mail address: (to	City/State and Zip Code State and Zip Code De used for future annual report notificat	ting aguarl. con
For further information concerni			•
Evely Garc	.ld	at (561) 373 - Area Code Daytime Te	9278 Iephone Number
Enclosed is a check for the follo	wing amount:		
	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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 ARTICLES OF ORGANIZATION

FILED 2114 MAY -5 AM 11: 13

CLE-TARY OF STATE

.FLORIDA. (Name of the Limited Liability Company as it adw appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC 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

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			∧dd
			□ Remove
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			☐ Remove
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		□ Remove	
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			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
(Effective date, if other than the date of filing:
	Dated MAY 151 2014.
	J. Harris
	Signature of a member or authorized representative of a member
	Evelus Gassia
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

