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B. BOSTICK
MAR 21 2014
EXAMINER

## COVER LETTER

Situo Diamond Online 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: Kristina Staley Name of Person Situo Diamond Online LLC Firm/Company 1969 S. Alafaya Trail, #243 Orlando, FL 32828 City/State and Zip Code kristina.staley90@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kristina Staley Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status &

**MAILING ADDRESS:** 

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Situo Diamond Online				
(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears ( I Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L1400003452	Liability Compan	y were filed on <u>02/</u>	28/2014	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company her	<b>g:</b>	
N/A				
The new name must be distinguishable and end with the	words "Limited Lia	ability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> </u>
			****	
Enter new mailing address, if applicable:		N/A		3
(Mailing address MAY BE A POST OFFICE BOX)				
		<del>- , , , ,</del>	······································	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter th</u>	ne name of the ne
Name of New Registered Agent:	Yasmin F	leming		
New Registered Office Address:	10151 Ur	niversity Blvd.	Suite 177	. ,
	Orlando	Liste, i toista	, Florida 328	317
		City	,	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.

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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>	Address	Type of Action
MGR	Kristina Staley	1969 S. Alafaya Trail	
		Suite 243	Remove
		Orlando, FL 32828	
MGR	Yasmin Fleming	10151 University Blvd.	
		Suite 177	☐ Remove
		Orlando, FL 32817	
	<del> </del>		🗆 Add
		. <del></del>	□ Remove
		···	□ Remove
	<del></del>		Add }
			□ Remove
			□ Add
			Remove

Effective date, if other than the date of filing:  (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 March 19  2014  Signature of a member or authorized representative of a member  Kristina Staley	N/A	enter change(s) here: (Allach additional sheets, if necessary.)
(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 March 19  2014  Signature of a member or authorized representative of a member		
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 March 19  Signature of a member or authorized representative of a member		
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 March 19  Signature of a member or authorized representative of a member		
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 March 19  Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	The effective date must be specific, cannot be pr	rior to date of receipt or filed date and cannot be more than 90 days after
Signature of a member or authorized representative of a member	Dated March 19	2014
V	Kristina	Sales
Kristina Staley	Signati	ure of a member or authorized representative of a member
	Kristina Staley	·

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Filing Fee: \$25.00