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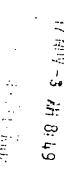
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Se Division of Cor			
SURI	Diamond C	enturion Real Estate, LLC		
		Name of Limit	ted Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspo	ndence concerning this matter to	o the following:	
		Saman	Ha Knowles Name of Person	
		<u>Diamond</u>	Centurion Rea	1 éstate
		6545 Nova	DR. Ste 205 Address	
		Davie, FL 3 info@dcg E-mail address: The	33317 City/State and Zip Code LUXU/Y. COM o be used for future annual report notifi	cation)
For fu	irther information c	oncerning this matter, please ca	II:	
Sama	ntha Knowles		954 990-6654 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Centurion Real Estate, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records mited Liability Company)	-)
The Articles of Organization for this Limited Liability Com	pany were filed on 06/25/2014	and assigned
Florida document number L14000101810		
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 contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		177
		
		e de
B. If amending the registered agent and/or registere		, enter the name of the
registered agent and/or the new registered office address	s here:	
		8: 6:
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
- -	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.

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marta Yecora	5240 S. University Dr. STE 106 Davie FL 33	3:28 □ Add
			B Remove
			Change
MGR	Gonzalo Baraybar	6545 Nova Dr. STE 205 Davie FL : 33317	
			□ Remove
			Change
			Remove
			☐ Remove
		· · · · · · · · · · · · · · · · · · ·	داء D <u>Add</u>
			□Remove
			Change
			☐ Remove
			Change
			Remove
			☐ Change

	Tun	ides	ative of a member		
November 1st ted	. 2017	·			
record specifies a delayed effec The 90th day after the record is	filed.	not an effecti	ve time, at 12	:01 a.m. on	the earlier o
cument's effective date on the Departm	ent of State's reco	ords.			
ective date, if other than the date of effective date is listed, the date must be speter: If the date inserted in this block do	es not meet the ap	plicable statutory	or more than 90 day filing requirement	s after filing.) Purs, this date will	rsuant to 605,020 , not be listed a
resting data if ather than the data.	of filings			(antional)	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00