# L14000191685

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ad                     | Idress)            |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nan | ne)         |
| (Dc                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

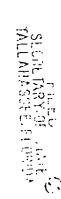
Office Use Only



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# **COVER LETTER**

| TO: Registration Sect<br>Division of Corpo |   |   |  |
|--|---|---|--|
| SUBJECT: DIAM                              | 10N) FUNDS<br>Name of Limi                      | LL C<br>ted Liability Company   |  |
| The enclosed Articles of Ar                | mendment and fee(s) are subr                    | nitted for filing.  |  |
| Please return all correspond               | lence concerning this matter t                  | to the following:   |  |
|  | Jose  | Pineros<br>Name of Person   |  |
|  |   | Name of Person  |  |
|  | DIAM  | OND FUNDS LLC   |  |
|  |   | Firm/Company  |  |
|  | 1900 (01  | al Way # 305  | -<br>)   |
|  | Miam  | City/State and Zip Code   |  |
|  |   | ndsilc@gmail. o be used for future annual report notif                    | om<br>leation)   |
| For further information con                | ncerning this matter, please ca                 | ill:  |  |
| Jose J<br>Name of F                        | Person  | at ( <u>305</u> ) <u>570 –</u><br>Area Code Daytime                       | 6828<br>Telephone Number   |
| Enclosed is a check for the                | following amount:                               |   |  |
| \$25.00 Fiting Fee                         | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(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

| DIA MOND F   | TUNDS LLC  | de \                            |
|--|--|---------------------------------|
| (A Florida   | ty Company as it now appears on our record<br>a Limited Liability Company) | <u>un.</u> /                    |
| The Articles of Organization for this Limited Liability C  | Company were filed on  | 14 and assigned                 |
| This amendment is submitted to amend the following:  |  |                                 |
| A. If amending name, enter the new name of the lim   | ited liability company here:   |                                 |
| The new name must be distinguishable and contain the words "Lim                                  | ited Liability Company," the designation "LL                               | C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  | ·                               |
| (Principal office address MUST BE A STREET ADDI  | RESS)  |                                 |
|  |  | <b>1</b> 200 E                  |
|  |  | 30                              |
| Enter new mailing address, if applicable:  |  |                                 |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                 |
|  |  | <b>3</b>                        |
|  |  | <b>9</b>                        |
| B. If amending the registered agent and/or registered agent and/or the new registered office add |  |                                 |
|  | <del></del>  |                                 |
| Name of New Registered Agent:  |  |                                 |
| New Registered Office Address:   |  |                                 |
|  | Enter Florida street addre   | 200                             |
|  |  | lorida<br>Zip Code              |
|  | 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          | Daniel AJoy | 5396 NW 106 CT                    | □ Add          |
|              |             | 5396 NW 106 CT<br>Miami, Pl 33178 |                |
|              |             |                                   | Change         |
|              |             |                                   | 🗖 Add          |
|              |             |                                   | ☐ Remove       |
|              |             |                                   | □ Change       |
|              |             |                                   | Add            |
|              |             |                                   | □ Remove       |
|              |             | <del></del>                       | 🗀 Change       |
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| f an eff<br><u>Note:</u> | ve date, if other than the date of filing:  | 605.0207 (<br>listed as t   |
| e rec<br>The             | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eagon 90th day after the record is filed. | arlier of:  |
| )ated                    |   |   |
|                          |   |   |
|                          | (Allaha)  |   |

Page 3 of 3

Filing Fee: \$25.00