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## **COVER LETTER**

Division of Corp					
SUBJECT: Di	amond Cut	Wraps LLC			
	Name of Lim	ited Liability Company	····		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Brandon	Walsh			
		Name of Person			
		Firm/Company			
	772 05 0	· i .			
	773 SE C	haloupe Ave.			
	Port Saint L	ucie, FL 34983			
		City/State and Zip Code			
	E-mail address: (	N@gmail. Com to be used for future annual report notificat	ion)	201	
For further information co	ncerning this matter, please ca	all:		2015 JAN 20 LEGRETARY TALLAHASSI	Ţ
Tune Wo	Jsh	at (772) 486-68	206	120 1484 1484	(Frank
Name of	Person		lephone Number	PH OF FL	
				3: 5: STATE LORID	
Enclosed is a check for the	_	Fines on Pills - P a	FI \$40.00 E'''	≫., <b>©</b>	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing  Certificate of  Certified Contained co	of Status &	
/ Registra	NG ADDRESS: ution Section n of Corporations	STREET/COURIER Registration Section Division of Corporatio			
	ssee, FL 32314	Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle		

## · ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Cut W (Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.)	
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L1500004312</u> .		_ and assigned
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" or the abbi	reviation "L.L.C."
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 th	e name of the new
registered agent and/or the new registered office address here:	,	22 22 22 22 22 22 22 22 22 22 22 22 22
Name of New Registered Agent:	<del>,</del>	TIS JAN 2
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	3	570 <b>6</b>
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov	formance of my duties, and I am fam	niliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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> **Name** <u>Address</u> **Type of Action** June Panella-Walsh \_□ Add Remove \_□ Add ☐ Remove □ Add \_□ Remove ☐ Remove □ Add ☐ Remove

D.	. If amending any other	'informatión, enter ch	ange(s) here: (A	ttach additional sh	eets, if necessary.)
	**************************************			· · · · · · · · · · · · · · · · · · ·	
).	. Effective date, if other (The effective date must be specified)	ecific, cannot be prior to date	e of receipt or filed da	te and cannot be more	(optional) than 90 days after
	the date this document is fil	ed by the Florida Department	t of State)		
	Dated January	14,	<u>2015</u> .		
	(	June - Pari	Na Na	0sh	
		Signature of a m	ember or authorized	representative of a me	mber
		June Po	apolla -11)	alsh	
	<del></del>		Typed or printed nan	ne of signee	

Page 3 of 3

Filing Fee: \$25.00

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