L15000040030

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

SECRETARY OF STATE DIVISION OF CORPORATION 15 JUN 10 AM 4: 29

JUN 1 1 2015

S MASON

COVER LETTER

TO:	Registration Sec Division of Corp		·		
SUBJE	DIA LLC				
SUBJE	ci:	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspon	ndence concerning this matter	to the following:		
		BRIAN HARVEY			
			Name of Person		
		DIA LLC			
			Firm/Company		
		POB 366			
		SARASOTA FL 34230			
		F-mail address: (to be used for future annual report notification)		
For furt	her information co	oncerning this matter, please ca	·		
		, , , , , , , , , , , , , , , , , , ,			
	Name o	f Person	at ()	Jumher	
	Name of	i i cison	Area code Daytime Telephone is	vanise.	
Enclose	d is a check for th	ne following amount:			
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	on Filing Fee, entificate of Status & ortified Copy CF Iditional copy of Part A SSEE CF	SECRETARY OF CORE
		ING ADDRESS: ation Section	STREET/COURIER ADDRE	ess: Officer	STA ORA
	Divisio	n of Corporations ox 6327	Division of Corporations Clifton Building	DE: 33	LION:

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314



May 22, 2015

DIA, LLC P.O. BOX 366EET SARASOTA, FL 34230 US

SUBJECT: DIA, LLC

Ref. Number: L15000040030

We have received your document for DIA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 715A00010925

SECRETARY OF STATE FALLAHASSEE FINDER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIA LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)		
ne Articles of Organization for this Limited I orida document number L15000040030	Liability Company	were filed on 3/04/2015	and assigned		
nis amendment is submitted to amend the fol	lowing:				
If amending name, enter the new name	of the limited liab	ility company here:			
e new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if appli	cable:	301 SOUTH GULFSTREAM AVENUE			
rincipal office address MUST BE A STRE	ET ADDRESS)	SUITE 301			
		SARASOTA FL 34236			
nton nove mailing address if applicable.		POB 366			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		SARASOTA FL 34230			
If amending the registered agent and gistered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ecords, enter the name of the		
New Registered Office Address: 301 SOUTH C		ULFSTREAM AVENUE,	, SUITE 301		
		Enter Florida stree	et address		
New Registered Office Address.					
New Registered Office Address,	SARASOTA		, Florida 34236		
New Registered Office Address.	SARASOTA	City	, Florida 34236 Zip Code		

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

Page 1 of 3

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			□ Remove
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			Add AH 4:829
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		5/18/201	5				
	ve date, if other than the date ective date is listed, the date must be s	e of filing:		e than 90 days after fil		ınt to 60	5.0207
Note:	If the date inserted in this block of the control of the Depart of the D	does not meet the appl tment of State's record	licable statutory filing ds.	requirements, this d	ate will no	t be lis	ted as
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docum	ard enceifier a delayed of	fective date, but r	not an effective tir	ne, at 12:01 a.r	m. on the	e earl	ier of
If the rec	90th day after the record	is filed.					
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Page 3 of 3

Filing Fee: \$25.00