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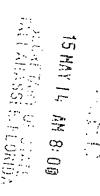
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	†
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10;	Division of Cor		*	
SUBJĒ		MONDS LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		HALFON, MOTI		
		 	Name of Person	
		D&G DIAMONDS LLC		
			Firm/Company	114 1410-05
		1950 NE 207 ST		
			Address	
		MIAMI, FL 33179		
			City/State and Zip Code	
		MOTIACLASS@GMAIL.		
		E-mail address: (to be used for future annual report notifi-	cation)
For furt	her information co	oncerning this matter, please ca	all;	
HALFO	ON, MOTI		786 280-9805	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed 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

y as it now appears on our records.) ability Company)	
were filed on <u>03/15/2015</u>	and assigned
lity company here:	
ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
fice address on our records, <u>en</u> :	ter the name of the n
	5
City	Zip Code
	ty Company here: ty Company." the designation "LLC" or the designation

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>	Name	Address	Type of Action
AMBR	VITO HALFON	1950 NE 207 ST	■ Add
		MIAMI,FL 33179	Remove
AMBR	ELIYAHU HALFON	1950 NE 207 ST	DAdd
		MIAMI,FI. 33179	□ Remove
			☐ Change
			□ Add
			Remove
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ffective date	if other th	ian the dat	e of filing	5/11/20				(ontion	ial) 😓	8: 0	
an effective dated to the date of the date	te is listed, the ate inserted i	date must be not this block	specific and does not m	cannot be p eet the ap	plicable st	of filing or atutory fil	more than 90 ing requirer	days after fi	ling.):Pursuar	nt to 605. be liste	0207 d as
e record sp The 90th o				ate, but	not an	effective	time, at	12:01 a.	m. on the	earlie	er of
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Page 3 of 3

Filing Fee: \$25.00