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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

TO:		gistration Se rision of Cor					
e1!D1	L'CT.	Diamond R	construction Services,LLC				
auba.	r.CT;		Name of Lim	ned Liability Company	,		
The er	nclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return	all correspo	indence concerning this matter	to the following:			
			Lee Atkinson				
				Name of Person			
			Diamond Reconstruction Services,LLC				
			-	Firm/Company			
			7624 Bald Cypress Place				
				Address			
			Tampa, Florida 33614				
				City/State and Zip Code			
			Leeatksinosn337@gmail.co	m to be used for future annual report n	otification)		
For fu	ether is	nformation c	oncerning this matter, please ca				
Lee A	atkinso	វា		813 335-6097			
		Name o	f Person	at () Area Code Days	ime Telephone Number		
Enclos	sed is a	a check for th	ne following amount:				
■ \$2	25.00 F	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)		
		Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COU Registration Sec Division of Corp Clifton Building	porations		

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Reconstruction Services, LLC					
(<u>Name of the Limited Li</u> (A Fl	ability Comp orida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liabili Florida document number $\frac{1.150000192065}{1.150000192065}$	ability Company were filed on 11/12/2015			_ and assigned	
This amendment is submitted to amend the following	ħ;				
A. If amending name, enter the new name of the	<u>limited lial</u>	bility company here:			
The new name must be distinguishable and contain the words	'Linuted Liab	oility Company," the designation	on "LLC" or the abbre	viation "L.L.	.c."
Enter new principal offices address, if applicable:	:				
(Principal office address MUST BE A STREET AI	DDRESS)	n/a			
					_ Z .s.
				69	LC/ ECR
Enter new mailing address, if applicable:				JAN 2	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		n/a		26	SSRY L
			···	32	<u> </u>
				:	10.1. /LS
B. If amending the registered agent and/or re-	egistered o	office address on our r	ecords, enter the	e nar ife o	f the per
registered agent and/or the new registered office a	<u>address ne</u>	<u>re</u> :			••
Name of New Registered Agent: n/a	n				
New Registered Office Address:					
		Enter Florida stree	t address		
			Florida		
		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

Title	Name	Address	Type of Action
MGR	. Jason Phillips	7624 Bald Cypress Place	
		Tampa, Florida 33614	8 n
			Change
			Add
			☐ Remove
			☐ Change
			□ Remove
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ffec	tive date, if other than the date of filing: (optional)	
an e	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list.	
	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl	ier
Th	e 90th day after the record is filed.	
	January 18, 2018	
atec	January 18, 2018	
	Y WY	
	V Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00