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MAY - 5 2017

COVER LETTER

	gistration Se vision of Cor					
SUBJECT:		estoration Services,LLC				
SCISCE (Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Lydia Sullivan				
			Name of Person			
		Diamond Restoration,LLC				
		Firm/Company				
		7624 Bald Cypress PLace				
		Address				
		Tampa, Florida 33614				
			City/State and Zip Code			
		lydia@diamondrestore.com				
		E-mail address: (to be used for future annual report notif	ication)		
For further i	nformation co	oncerning this matter, please ca	all:			
Lee Atkinso	n		813 335-6097 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00 I	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

Diamond Restoration Services, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our recorda Limited Liability Company)	'ds.)
The Articles of Organization for this Limited Liability Florida document number L15000198261		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address the second		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street addre	ess
	, Ā	lorida
	•	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	. •
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register	complete performance of my duties, a agent as provided for in Chapter 605	and I am familiar with and , F.S. Or, Likis document is

If Changing Registered Agent, Signature of New Register

company has been notified in writing of this change.

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	Steve Volante	7624 Bald Cypress Place	Add
		Tampa, Florida 33614	□ Remove
			Change
	 		Add
			Remove
			Change
			
			□ Remove
		****	☐ Change
			□ Add
			Remove
			Change
	 		
			☐ Remove
			ange
			SEEF, FL
			S Remove
			Change

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ective date, if of	her than the date of fi	iling:		(optional)	
n effective date is list	ed, the date must be specific	c and cannot be prior to date	of filing or more than 90 da	ys after filing.) Purst	uant to 605.02
	date on the Department	not meet the applicable state of State's records.	nutory ming requiremen	ns, this date will h	ioi de fisica
		ve date, but not an e	ffective time, at 12	2:01 a.m. on th	ne earlier
	fter the record is file	ed.			
		2017			
he 90th day at		2017			
he 90th day at				> ₩	
he 90th day at		-, <u> </u>		ALC: SEOR	17 H
he 90th day at	Signature of		presentative of a member	ALL ANA	17 HAY
ted May 1	_	of a member or authorized re	presentative of a member	SECRE LARY	1 —
The 90th day at	Signature of			SECRE ARY OF ALLAMASSEE, I	FILED

Page 3 of 3

Filing Fee: \$25.00