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(Re	equestor's Name)	
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	CAME Dia	mond Bou	lique LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	•
Please return all correspo	Denise Week	Name of Person Firm/Company Address	Shorter Olutions
	Loomene E-mail address: (1	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	hother agnail. com
For further inforestion c	one may this matter, please ca	ıli:	
Len: Se Nome of	Shorter	at (S5) 590 Area Code Daytime)-10380 Telepho e Numara
Enclosed is a check for the	he 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

or removed from our records: MGR = Manager AMBR = Authorized Member Title <u>Name</u> Address Type of Action _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove Change Change LAHASSE FLORIDA □ Add □ Remove □ Change _□ Add _□ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

_ Change

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ffective date, if other the an effective date is listed, the entering of the late inserted in accument's effective date of	this block does not mee	et the applicable s	of filing or more the tatutory filing requ	n 90 days after filing.	Furscancte will not be	605"920" Hsted as
e record specifies a d The 90th day after th	elayed effective dat he record is filed	le, but not an	effective tíme,	at 12:01 a.m.	on the e	arlier o
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Page 3 of 3

Filing Fee: \$25.00