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SECRETARY OF STATE
TALL AHASSEE, FLORID

HARRIS

COVER LETTER

	ration Section on of Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return al	correspondence concerning this matter to the following:
	Name of Person
	Accounting e pect Services INU Firm/Company POBOX 1130 Address Ocoee FC 3476/
	POBOX 1130
	Address
	Ococe FC 34761
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
FRU,	7 Name of Person at (407) 656 - 38f 3 Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a ch	neck for the following amount:
\$25.00 Filli	ng Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

VIAMOND AMERICA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 24 2016 and assigned Florida document number <u>L 16 0000 59 538</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the figure of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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

Zip Code

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 Address 2021 FISHTAIL FERNWAY OLOEC FL 34761 Type of Action Title <u>Name</u> IK HUAN MOUN _□ Remove _□ Change ☐ Remove _ Change □ Add ☐ Remove □ Change □ Remove ☐ Change _□ Add Remove ☐ Change ☐ Change

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ffective date, if other than the dat	te of filing: M94 1 2016 specific and cannot be prior to date of filing or more than 90 day	(optional)
lote: If the date inserted in this block	does not meet the applicable statutory filing requiremen	ys after filing.) Pursuant to 605.020 its, this date will not be listed a
ocument's effective date on the Depar	iment of State's records.	
e record specifies a delayed ef The 90th day after the record	fective date, but not an effective time, at 12 is filed.	:01 a.m. on the earlier o
ated 5/2/	,2016.	
/ 1	·	JAE SE
- Company Sig	nature of a member or authorized representative of a member	
Miguel ON	10470	TAR:
- Milyou ONC	Typed or printed name of signee	
		41S. 42
		SE 26

Filing Fee: \$25.00