L16000176565

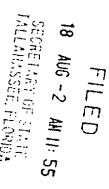
(Re	questor's Name)	
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COVER LETTER

TO:	Registration Se Division of Cor			
erin i		S CAFE, LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The ci	nclosed Articles of .	Amendment and fee(s) are sub-	mitted for tiling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		PIETRO VARDEU		
		-	Name of Person	
		DIAMONDS CAFE, LLC		
			Firm/Company	
		1815 PURDY AVENUE		
			Address	
		MIAMI BEACH, FL 3313	9	
			City/State and Zip Code	
		LBAENA@SARDINIA-RIS	STORANTE.COM to be used for future annual report notific	
T			•	cation)
ror tu	rther information co	oncerning this matter, please ca	ME:	
PIETI	RO VARDEU		786 888-1693	
	Name of	Person	at () Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
\$2	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

DIAMONDS CAFE 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 09/21/2016 and assigned Florida document number L16000176565 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 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 name 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

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

, Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ZULMA KATHLEEN VARGAS	1815 PURDY AVENUE	
		MIAMI BEACH, FL 33139	■ Remove
			☐ Change
			Remove
			SECON Chappe SECON Adm
			⊒ ⊟Remove
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n ne	07/31/2018	
(If an e	ective date, if other than the date of filing:	Pursuant to 605.0207
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wantent's effective date on the Department of State's records.	in not be usied as
1 6 kb -		_ #6 10
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or he 90th day after the record is filed.	n the earlier of
Data	ad	
Date	ed	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00