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D. SCOTT SEP 2 1 2017

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	DIAMOND Name of Lim	VACATION CI	uB,LLC
The enclosed Articles of Am	endment and fee(s) are sub	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	DiAM	Name of Person OND ACATION Firm/Company	Club 21C.
	1650 CE1	S BRATION FL.	BluD unit 310 34747
_	E-mail address: (1	City/State and Zip Code Other	147801911. A. L. Com
For further information conce	erning this matter, please ca	all:	
Name of Per	OTT L-EVY	at (305) 613 Area Code Daytime To	-5700 Elephone Number
Enclosed is a check for the for \$25.00 Filing Fee	llowing amount: \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee: Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING Registratio	ADDRESS: n Section	STREET/COURIER Registration Section	ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee. FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compar (A Florida Limited L	ov as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16006228156</u>	were filed on $12/19/2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of the liability of the new name of the	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	14600 GRAND POINT CIR #13204 OR- 14NDU, FL 32821
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14600 GRAND POINT CIR #132- ORIMANDO, FL 32821
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida : 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
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			□ Remove
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Filing Fee: \$25.00