L17000004040

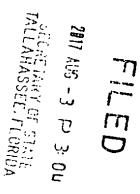
(Re	questor's Name)	
(Ad	dress)	- -
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
	·	
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
<u></u>		<u> </u>

Office Use Only



400302014344

08/08/17--01015--005 **25.54



n ARUCE AUG 07 2017

COVER LETTER

Division of Corporations

SUBJECT: DIAMONI) HEAD MANAGEMENT (10)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

TO:

Registration Section

Please return all correspondence concerning this matter to the following:

	DAN AIM	/UZ Name of Person		
		Firm/Company		
	2792 SUCK	-e Ave. Address	-	
	cooper cit	FL 3302-6 City/State and Zip Code		
	E-mail address: (to be used for future annual report notif		7
	incerning this matter, please c		1803 -3 D	
Name of			e Telephone Number	D
inclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &	:

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
		HAS A
Enter new mailing address, if applicable:		Six I
Mailing address MAY BE A POST OFFICE BOX)		100 D D D D D D D D D D D D D D D D D D
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our re <u>s here</u> :	ecords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	City	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_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	HEN, EIDAN	3945 CARSON AVE.	
		cooper city FL, 3302	Remove
			Change
			D Add
			□ Remove
			Change
			□ Add
		IA.	□ Remove
		LLAHASS	Change
			Co Remove
		Aj L RIOA	يب O 2□ Change
			🗖 Add
			Remove
			□ Change
		 	O Add
			_□ Remove
			_D Change

		_
		_
		_
		_
		_
		_
		_
	Z 23	_
	ECRI I	_ 🎹
	SS:	
	LORA COR	_
	0	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of the date	(optional) of filing or more than 90 days after filing.) Pursuant to 6	05,0207 (3
<u>Note:</u> If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be li	sted as th
the record specifies a delayed effective date, but not an el) The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the ear	lier of:
TUPS OF V HIGHT 1 2017		
Daw alnum Signature of a member or authorized rep		
Don't Almum		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00