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(Re	questor's Name)	
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A. BUTLER APR 15 2022

COVER LETTER

TO:

TO:	Registration Sec Division of Corp				
. > 1 ' + 2 - 1 1 1	Carango.	DIAMONI	D PAVILION 401415. LLC ,		
SORJE	SUBJECT:Name of Limited Liability Company				
The enc	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please 1	return all correspoi	ndence concerning this matter	to the following:		
		Thomas James Senatore			
			Name of Person		
			Firm/Company		
	2706 Shelby Parkway				
	Address				
	Cape Corat, FL 33904				
City/State and Zip Code t.senatore@bellacasaservices.com					
		E-mail address: (to be used for future annual report notification)		
For furt	ther information co	oncerning this matter, please co	all:		
Thoma	s Senatore		239 223-8130		
	Name of	Person	Area Code Daytime Telephone Number		
Enclose	ed is a check for th	e following amount:			
≡ \$23	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ Certificate of Status & Certified Copy (additional copy is enclose		
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DIAMOND PAVIL		ZUZZ FIAR 29	AFI 7: 3U
(A Florida Limited	Liability Company)	SECRETARY	OF STATE
The Articles of Organization for this Limited Liability Company	y were filed on $\frac{3-2^{2}}{2}$	0-2017	SSEE, FL and assigned
(Name of the Limited Liability Comp (A Florida Limited The Articles of Organization for this Limited Liability Company Florida document number L17000063462	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "LLC" or t	he 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 agent and/or the new registered office address here:	address on our re	cords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		, Florida	1
N. D. C. Lander	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	_		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of i provided for in C	my duties, and L hapter 605, F.S.	am familiar with and Or, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	Tan, Chin Hoong	12601 New Brittany Boulevard	🗆 Add
		Fort Myers, FL 33907	≡ Remove
			□Change
			🗖 Add
			□Remove
			
			□ Add
			□Remove
		 	□Change
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Tective date, if other than the in effective date is listed, the date mu	date of filing: st be specific and cannot b	e prior to date of fili	ng or more than 90 da	(optional) vs after filing.) Pursuant t	o 605.020°
ote: If the date inserted in this b	ock does not meet the	applicable statutoi			
ocument's effective date on the D	epartment of State's re	cords.			
record specifies a delayed effectiv	us data but nat an affac	aliconiano de 12.03	1	6 . 45 . Th 000 . J	65
is filed.	e date, but not an effec	tive time, at 12.01	r a.m. on the earner	(b) The 90th day	aner me
March 22	2022				
	Itomas	Mrs Souter	<u> </u>		_
	Signature of a member of	or authorized represo	entative of a member		
	Tho	mas James Senato	ге		
	Lyped o	r printed name of si	gnee		_

Filing Fee: \$25.00