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SECRETARY OF STATE

D. BRUCE MAY 16 2017

COVER LETTER

Division of Corporations		
SUBJECT: DIAMOND EXQUISITE DESIGNS Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Shantel Rainge Name of Person Diamond Exauste Designs Film/Company 1016 Ginger Sice Ln. Address Descel FL 34761 City/State and Zip Code Shantel rainge Q yahan com	2821 HAY 15 A 8: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
E-mail address: (to be used for (utule annual report notification) For further information concerning this matter, please call:		
Shortel Rainer LLT ran 2000	202 TAL	
Name of Person at (TO) B (A) Daytime Telephone Number	SECRETARY IS	ロコロコ
Enclosed is a check for the following amount:	Y OF	Π
(additional copy is enclosed) Certified	iling Fee, co	J

MAILING ADDRESS:

TO:

Registration Section

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

Diamond Exquisite (Name of the Limited Liability Compa (A Florida Limited)	DUSIGNS Inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 600398814756.	Eiol C	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab EXOUSITE DIAMOND DES The new name must be distinguishable and contain the words "Limited Liabil	igns LLC	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		SECRE TA
Enter new mailing address, if applicable:		LED 115 A TARY OF ASSEE, F
(Mailing address MAY BE A POST OFFICE BOX)		STATE 02
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floridu street uddress	
p. 	, Floric	da 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, enter the title, name, and address of each person being added or removed from our records:

MGR = MGR $AMBR = AGR$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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e date, if other than the date of filing:	(optional)
tive date is listed, the date must be specific and cannot be prior to date of filing or r	
the date inserted in this block does not meet the applicable statutory filing	ng requirements, this date will not be listed
nt's effective date on the Department of State's records.	
rd specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier
Oth day after the record is filed.	•
May 11 , 2017.	
Muy 11 , and 1.	
'Ah are Do Hara	
Signature of a member or authorized appresentative	e of a member
Signature of a member or authorized appresentative	e of a member

Page 3 of 3

Filing Fee: \$25.00