From: EXPAT CONSULTING

B/22/22, 10:08 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 : (407)745-1112 : (407)641-8083 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

acc@expatconsulting.com Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BREEZE OF DIAMOND LLC

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## **COVER LETTER**

TO: Registration Division of C	Section Corporations	* ~	•
	E OF DIAMOND LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subt	nitted for filing.	
Please return all corre	spondence concerning this matter t	to the following:	
	NILTON CESAR FREGN	I	
		Name of Person	
	EXPAT CONSULTING C	ORP	
		Firm/Company	
	8615 COMMODITY CIRC	CLE, SUITE !!	
	<del></del>	Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	ACC@EXPATCONSULTI		
	E-mail address: (	to be used for future annual report notif	fication)
For further information	on concerning this matter, please ca	all:	
NILTON CESAR FR	REGNI	407 745-1112	
Nan	ne of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adv Registration of Division of P.O. Box (	on Section of Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
	ee, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREEZE OF DIAMOND LLC  (Nume of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company vi		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	obreviation "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 a agent and/or the new registered office address here:	iddress on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		22 NU
New Registered Office Address:	Enter Florida street address Florida	AND FILED 6 22 AI
	City	Zip Code o
New Registered Agent's Signature, if changing Registered Agent:		3
I hereby accept the appointment as registered agent and agr.	ee to act in this capacity. I further at	gree to comply with the

## 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 = Manager AMBR = Authorized Member

Page: 7 of 8

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	COIMBRA STORINO, ANDRE	2601 ISLA BONITA CT	🗆 Add
		KISSIMMEE, FL 34747	■Remove
			□Change
			□ Add
			□Remove
			□Change
			DAdd
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ffective date, if other than the dan effective date is listed, the date must to ote: If the date inserted in this blococument's effective date on the Dep	be specific and cannot be price of does not meet the appli	or to date of filing or more cable statutory filing re	equirements, this date will	suant to 605.0207 not be listed as
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th	th day after the
The Principle				
MAV 25	, 2022	·		
MAV 25	2022			
ated MAY 25	Celley m	Social processoration of	a member	
ated MAY 25	2022	horized representative of	a member	