084361000176480

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nai	me)
(Do	ocument Number	1
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nly



000304136520

OCT 0 3 2017

Y SULKER

COVER LETTER

DADIAMONDSHINES LLC SUBJECT: _ 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: Andre Clark Name of Person DADIAMONDSHINES LLC Firm/Company 4839 SW VOLUNTEER RD STE 226 Address DAVIE FLORIDA 33330 City/State and Zip Code diamondetrucking@vahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andre Clark Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60,00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

Division of Corporations

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

DADIAMONDSHINES LLC			
(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company)	<u>.</u>)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 9-21-2017	and assigned	d
Florida document number 82-2862284	_·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:		
he new name must be distinguishable and contain the words "Limit	ted Liability Company." the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
		17	
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		4.	
3. If amending the registered agent and/or regist		enter the tame of the	<u>ie n</u>
egistered agent and/or the new registered office addr	ess nerc:	÷ c	
N. CN. D. C. LA			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		rida	
	Cit_V	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 = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	Andre Clark	4839 SW VOLUNTEER RD STE 7	■ Add
			□ Remove
			□ Change
MGR	Ann Clark	4839 SW VOLUNTEER RD STE 7	
			■ Remove
			□ Change
			□ Remove
			Change
			— OJAdd
			Remove
		<u> </u>	Change
		· · · · · · · · · · · · · · · · · · ·	
			□ Remove
			Change
			🗆 Add
			☐ Remove
			Change

			 -	
			 	==
				- 8 -
				- -i
				(5)
				三
			<u> </u>	<u> </u>
			<u> </u>	<u> </u>
ve date, if other than the date of filing: ective date is listed, the date must be specific and c. If the date inserted in this block does not me ent's effective date on the Department of Sta	annot be prior to date o et the applicable stat	f filing or more than 90 da autory filing requiremen	(optional) ys after filing.) Pur its, this date will	suant to 605 not be liste
cord specifies a delayed effective da e 90th day after the record is filed.	te, but not an ef	fective time, at 12	2:01 a.m. on t	the earlie
10/4/17		1		
And in	Clant			

Page 3 of 3

Filing Fee: \$25.00