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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

SUBJECT:	Diligent Con	struction Group, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Tim Hawkins			
		Name of Person			
	Diligent Construction Group, LLC				
		Firm/Company			
	320	06 Morning Glory Court Suite 111			
		Address			
	F	Palm Beach Gardens, FL 33410			
		City/State and Zip Code			
		enteonstructiongroup@gmail.com			
	E-mail address: (to be used for future annual report notifi	ication)		
For further information c	oncerning this matter, please ca	all:			
Tim H	awkins	305 282-9719 at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (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

Diligent Construction Group, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Clorida document number L17000188086	were filed on $\frac{09/05/2017}{}$ and as	ssigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	vility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L	1C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	NH SE	<u> </u>
	588 588	<u></u>
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nter new mailing address, if applicable:	ORBITATI	
Mailing address MAY BE A POST OFFICE BOX)	DA 2	<u> </u>
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		of th
Name of New Registered Agent:		
New Registered Office Address:	Care Charles and the	
	Enter Florida street address	
<u></u>	, Florida	
	City 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Tim Hawkins	3206 Morning Glory Court	= Add
		Suite 111	Remove
		Palm Beach Gardens, FL 33410	□ Change
			
			☐ Remove
			Change
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Mr	Ai				,			
an ef	tive date, if other than the ffective date is listed, the date is	must be specific an	id cannot be prior t			after filing.) Pu		
	If the date inserted in this nent's effective date on the			bie statutory mi	ng requirements.	, this date wil	i not bu	: listed a
re The	ecord specifies a delay e 90th day after the r	ed effective ecord is filed	date, but not	an effective	time, at 12:0)1 a.m. on	the e	arlier (
ated	SEPTEMBER	22	. 2017					
			1	7/ .				
			+~~	rized representativ				_

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Typed or printed name of signee

Filing Fee: \$25.00