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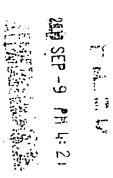
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Tallahassee, FL 32314

# **COVER LETTER**

	Registration Sec Division of Corp			
OUD IN C		7 CONSTRUCTION, LLC		.2
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		KENNETH MILLER		
			Name of Person	
		DIAMOND 7 CONSTRUC	CTION, LLC	
			Firm/Company	
59 BROWN CHAPEL RD				
Address				
		ST CLOUD FL 34769		
			City/State and Zip Code	
		Kennymi E-mail address: (	Ner OLD Gyan 00 to be used for future annual report notif	ication)
For furthe	er information co	oncerning this matter, please ca		
KENNE	TH MILLER		407 . 973	- 4412
Name of Person			Area Code Daytime	- UUIA Telephone Number
Enclosed	is a check for th	ne following amount:		
	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)
	Registr Divisio	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpora	n
		ox 6327	Clifton Building	

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### DIAMOND 7 CONSTRUCTION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

0041049019

The Articles of Organization for this Limited I		and assigned and assigned
Florida document number L17000195292		
This amendment is submitted to amend the fol-	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of		s on our records, enter the name of the new
Name of New Registered Agent:	KENNETH MILLER	
New Registered Office Address:	59 BROWN CHAPEL RD	
	Enter	r Florida street address
	ST CLOUD	. Florida <sup>34769</sup>
	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>	Name	Address	Type of Action
MGR	MILLER, MISTY	59 BROWN CHAPEL RD ST. CLOUD FL 34769	Add
			■ Remove
			Change
MGR	MILLER, KENNETH	59 BROWN CHAPEL RD ST CLOUD FL 34769	
			Remove
		-	Change
			Add
		·····	Remove
			Change
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7 - F7.60 A1	18 - Al-	Al 41 . 3 . 4 4	reu			4: 1)	
(If an effe <u>Note:</u>		he date must be spec I in this block doe:	ific and cannot be pr s not meet the app	ior to date of filing of licable statutory f	or more than 90 days	s after filing.) Pursuant s, this date will not	
	cord specifies a 90th day after			n <b>ot an effect</b> iv	ve time, at 12:	01 a.m. on the	earlier of:
Dated	SEPTEMBER	54h	2019				
.saicu	7.1			<u> </u>			
		Signatur	re of a member of a	athorized representa	nive of a member		
		<u></u>					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00