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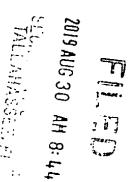
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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: Mam	and Cut Pub Name of Limi	LIShing House Lited Liability Company	<u> LC</u>
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Blake Ca	Name of Person	
	Dramond C	Firm Company	House Lic
	2708 Fann	6don Drive Address	
	_ Tailahe	USSELL, FL 303 City/State and Zip Code	03
	DOStor Vimail address: (6	Sb2 (a) Come of the used for future annual report no	ast net
For further information co	ncerning this matter, please ca	II:	
Blake Pos Name of	HON Person	at ( <u>850</u> ) <u>528</u> - Area Code Dayti	- 4099 me Telephone Number
Enclosed is a check for the	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

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Cut Pub (Name of the Limited Liabil)	LISHING HOUSE, LLC  lity Company as it now appears on our records.)  la Limited Liability Company)			
The Articles of Organization for this Limited Liability C. Florida document number <u>L170002304</u>	Company were filed on 11 07/2017	and assi	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbr	reviation "L.I	L.C."	_
Enter new principal offices address, if applicable:		G*	20	
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	7 6	
			<del>5</del>	ال ال ح <del>صم</del> ي
		ÄS	õ	7 MARKS
Enter new mailing address, if applicable:		CD:	<u></u>	_j
(Mailing address MAY BE A POST OFFICE BOX)			<del>ئ</del>	گعین <u>ا</u> —
		<u> </u>	F	_
B. If amending the registered agent and/or registered agent and/or the new registered office add	· · · · · · · · · · · · · · · · · · ·	he name o	of the	new
Name of New Registered Agent:		<del></del>		_
New Registered Office Address:				th the
	Enter Florida street address			
<del></del>	, Florida	Zip Code	<del></del>	_
New Registered Agent's Signature, if changing Registere	•	zip Code		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	and agree to act in this capacity. I further agre complete performance of my duties, and I am fai agent as provided for in Chapter 605, F.S. Or, if ed office address, I hereby confirm that the limi	miliar with Cthis docu	h and ment i.	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MBR	Jorel Jabre	2708 Faringdon Dr. Tallahassee, A 32303	Œ Add
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	i .
Effecti	ive date, if other than the date of filing: 11 D2 2017 (optional)
fan eff Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The	90th day after the record is filed.
Dated	
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	- Searce 1108)
	Computary to a symmetry of a symmetry of a symmetry of a symmetry
	Signature of a member or authorized representative of a member  Place Control

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00