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SECRETARY OF STATE
TALLAHASSEE, FL

### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

Diverse Cu SUBJECT:	stom Services, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ruddy Alvarez		
	<del>.</del>	Name of Person	<del></del>
	Diverse Custom Services, l	LLC	
	<del></del>	Firm/Company	
	1530 Spring Lake Road		
	<del></del>	Address	
	Fruitland Park FL 34731		
		City/State and Zip Code	·
	diversecustomservices@gm		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all:	
Ruddy Alvarez		407 453-5068 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
<b>■</b> \$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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diverse Custom Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 01/24/2018	and assigned
Florida document number L18000021346		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1530 Spring Lake Road	
Principal office address MUST BE A STREET ADDRESS)	Fruitland Park FL 34731	
		<u> </u>
Enter new mailing address, if applicable:	1530 Spring Lake Road	
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)	Fruitland Park FL 34731	
3. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		_, Florida
<del></del>	City	, Florida

#### 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>	Address	Type of Action
MGR	Elizabeth Alvarez	2248 Lake Pointe Circle	□Add
		Leesburg FL 34748	<b>≡</b> Remove
			Change
			□Add
			Remove
			□Change
			OSECTAREMOVE
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			□Remove
			Change

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Ruddy Alvarez	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00

# **COVER LETTER**

Name: Ruddy Alvarez

Daytime #: 407-453-5068

Return Address: 1530 Spring Lake Road Fruitland Park FL 34731