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COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT:(]	SA DIAMO Name of Lim	nD FYE 16 H7 ited Liability Company	LIC
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	ARn	jel martinez	
	OSM Di	AMOND Freig Firm/Company	HT LLC
	1501 Sw	Address April 1	niami F133135
	<u> </u>	F/ 33 13 5 City/State and Zip Code	
	USQDIOL MO E-mail address: (1	City/State and Zip Code Chyeran Tile Cyc to be used for future annual report notifi	ahoo, com V
For further information co	ncerning this matter, please ca		
ARMIE!	MQ KHING t Person	at (786) 38) - Area Code Daytime	7 884 Telephone Number
Enclosed is a check for the	e 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:

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

USA Dia (Name of the Limited)	MOND FYRIGHT LLC SE Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number 18 000083 This amendment is submitted to amend the following the A. If amending name, enter the new name of the	oility Company were filed on 4/2/2018 and a signed ing:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	1501 5W75+ Apt 1 ADDRESS) Migmi F1 33135
(Principal office address MUST BE A STREET)	ADDRESS) miami Fl 33135
Enter new mailing address, if applicable:	1501 SW 75T Apt 1 migmi = 1 33135
(Mailing address MAY BE A POST OFFICE BO	<u>miami =/ 33/35</u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	
	1501 51, 25+ 400)
New Registered Office Address:	ARNIEL Maltinez 1501 SW 7 St Apl) Enter Florida street address
-	migm, Florida $7/33/3$

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		$-\nu/A$	
			Remove
			Change
			Remove
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			D Add
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			Change
			Add
			Remove
			Channe

D.' If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing: 473 20 9 (optional) crive 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 605.0207 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	4/23/2019
	Signature of a member or authorized representative of a member
	All iel mare of signee Typed or printed name of signee

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Filing Fee: \$25.00