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SUBSTRUCT OF STATE OF

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. COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: DIAMOND M S	SERVICES LLC	
The enclosed Articles of Amendment and fee(s) are su		
Please return all correspondence concerning this matte	r to the tonowing.	
GABR	Name of Person	
	Firm/Company	
4964 HAVER	HILL POINTE DO	<u></u>
WEST PALL	M BEACH, FL 331 City/State and Zip Code EMODELING QLIV	415
DIAMONDMS E-mail address	EMODELING (a) LIV (to be used for future annual report notific	VE.COM cation)
For further information concerning this matter, please	call:	
GABRIEL MESA	at (50) 220.	7108 ·
Name of Person	Area Code (7ayilale	reaching contact
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Signature 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/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMOND M SEQ (Name of the Limited Liability Compar (A Florida Limited L	VICEE	DENT OF OUR records.)	-
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000164060</u> .	were filed on	7/09/18	3 and a	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity compan	y here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," (the designation "LLC"	or the abbreviation	"11C."
Enter new principal offices address, if applicable:	4004	HAVEQHIL	T DOINT	E DQ
(Principal office address MUST BE A STREET ADDRESS)	WEST	DALM BE	ACH FL 3	33415
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address	on our records,	enter the nam	ne of the new
Name of New Registered Agent:				<u> </u>
New Registered Office Address:	Enter	· Florida street address	<u>::</u>	⊕ '- 2
		Flo		
New Registered Agent's Signature, if changing Registered Agent:	City		Zıp Со	ac

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 Type of Action Name <u>Address</u> **Title** HAGH HAVERHILL POINTE DE Add WEST PALM BEACH FL 334150 Remove ☐ Change □ Add ☐ Remove ☐ Change D Add __r∑ _□ Remove ☐ Change bbA. 🗆 □ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if	necessary.)	
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	AH JUL	<u>—</u>
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		,
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	optional)	5 0303 .3v
Note: If the date inserted in this block does not meet the applicable statutory filing requirements	after filing.) Pursuant to 603 s, this date will not be list	cd as the
document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an effective time, at 12: (b) The 90th day after the record is filed.	01 a.m. on the earli	er of:
Dated		
8		
Signature of a member or authorized representative of a member		
GARRIEL MESA Typed or printed name of signer		
Typed or printed name of signer		

Page 3 of 3

Filing Fee: \$25.00