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COVER LETTER

DI/ SUBJECT:	AMOND T RANCH LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.	
Please return all o	correspondence concerning this matter to the following:	
	LESLIE TEEL.	
	Name of Person	
	DIAMOND T RANCH LLC	
	Firm/Company	
	4092 FANNY BASS ROAD	
	Address	
	SAINT CLOUD, FL 34772	
	City/State and Zip Code	
	TEEL9899@AOL.COM	
	E-mail address: (to be used for future annual report notification)	
For further inforr	mation concerning this matter, please call:	
LESLIE TEEL	407 908-4717 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a che	eck for the following amount:	
■ \$25.00 Filing	g Fee \$\Bigcup \$30.00 \text{ Filing Fee & } \Bigcup \$55.00 \text{ Filing Fee & } \Bigcup \$60.00 \text{ Filing Fee, } \text{ Certificate of Status } \text{ Certified Copy } \text{ Certified Copy } \text{ Certified Copy } \text{ (additional copy is enclosed)} \text{ Certified Copy } \text{ (additional copy is enclosed)}	us &

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

DIAMOND T RANCH LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records,) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000180661	were filed on <u>07/27/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SEGRE DIVISION 18 AUG
Enter new mailing address, if applicable:		FILL OF CO
(Mailing address MAY BE A POST OFFICE BOX)		AM RPCT S
		8: 1
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	LESLIE TEEL	4092 FANNY BASS ROAD	B ∧dđ
		SAINT CLOUD, FL 34772	Remove
			□ Change
	 _		□ Add
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this	must be specific and s block does not a	d cannot be prior to meet the applica	o date of filing or moble statutory filing	ore than 90 days after to requirements, this	iling.) Pursuant to 605.0
document's effective date on th	e Department of S	State's records.			
the record specifies a dela) The 90th day after the			an effective t	me, at 12:01 a	.m. on the earlie
Dated AUGUST I		, 2018	_•		
		//	0		
		manifes or author	ized representative	Ma member	

Page 3 of 3

Filing Fee: \$25.00