Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number :

: (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email: | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M&L PROPERTY MANAGEMENT GROUP LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

{((H20000268129 3))} ARTICLES OF ORGANIZATION

| M&L PROPERTY MANAGEMENT GROUP LLC |
|---|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on 10/31/2018 and ass florida document number L18000255415 |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| LIV DIAMOND LLC |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "l |
| Enter new principal offices address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| (,) |
| |
| |
| Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| |
| B. If amending the registered agent and/or registered office address on our records, <u>enter the name</u> registered agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: Enter Florida street address |
| Lines 1 100 gas of the season |
| Cin: Zip Code |
| 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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doctoeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Age

Page 1 of 3

((H20000268129-3)))
If amending the Managers or Authorized Member on our records, enter the title, name, and address of each [Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of <u>Address</u> Name <u>Title</u> □ Add

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Page 3 of 3

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