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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

Phone : (305)937-7773

Fax Number : (815)301-2897

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

Email Address: JCOLON W BLUKY NEALTH. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIV DIAMOND LLC

Certificate of Status	0
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2 SEP 16 PM 3: 53

APPROVEL

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10-11-52

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIV DIAMOND 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 assigned 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: The new name must be distinguishable and contain the words "Limited Liability 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) 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

Florida

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>	Name	<u>Address</u>	Type of Action
AMBR	BEN IFRAH	4963 WHISPERING WAY	= Add
•	 .	FORT LAUDERDALE, FL 33312	Remove
			Change
			□Add
			□Remove
			Change
			□Add
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ote:	SEPTEMBER 14, 2022 (optional) fective date, if other than the date of filing: SEPTEMBER 14, 2022 (optional) fective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco Lis f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	09/14/2H
	/ 144-4
	Signature of a member or authorized representative of a member

.

Filing Fee: \$25.00