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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:





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SECRETARY OF STATE TALLAHASSEE, FLORID.

APPROVED AND FILED

14/19

COVER LETTER

TŒ Registration Section Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

CAPLOS SALDADA

VARIA DIAMONDS LLC

PION COLONY POINT CLECKE

SUITE 215 Address BLILDING L

Pam Brake Pines FL 33026
City/State and Zip Code

CARLOSS ALDADA 2000 & 9m ALL. Com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

CABTOS SALDANA

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is melosed) □ \$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 Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VANIA DIAMONDS LLC
(Same of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company	were filed on 11 -	01 - 2018 and assigned
Florida document number <u>L 19000261</u>	055	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "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 of registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:		
	Enter Florida stre	et address
	Cit	Florida
New Registered Agent's Signature, if changing Registered Agent;	Ca)	z.φ code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ities, and I am familiar with and or 605, F.S. Or, if this document is

Page 1 of 3

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	Name	Address	Type of Action
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Page 2 of 3

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SECRETARY OF STATE FALLAHASSEE, FLORID:

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Page 3 of 3

Filing Fee: \$25.00

PROPERTY OF STATE

FILED