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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: DIAMOND DOG PRODUCTIONS LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
ALANZELIKOFF				
MAMILINE GROUP LLC				
1910 Mystic Point Drive				
Aventura, FL33180				
City/State and Zip Code  Gland the Mit Mico Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person   at $(974)$   $775 - 7002$   Area Code   Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				

#### **Mailing Address:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

VIAMONA Dag	MODULTIONS LL.	
( <u>Name of the Limited Lighilit</u> (A Plorida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference of Organization for the Organization f	ompany were filed on <u>TAN 43019</u> and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit  MAMILINE GOO  The new name must be distinguishable and contain the words "Limit	ted liability company here:	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:	2019 XI	
(Mailing address MAY BE A POST OFFICE BOX)	72	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered	
agent and/of the new registered office address here:	<u>ග</u>	
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	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

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MIAM, Beach, FL Ochange			MIJAM, Beach, +C	□Change

D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dry Productions Comp is Closed Charged to Minni Lone Copan IIC.
•
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 after filing.) Pursuant to 605.0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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 12:01 a.m. on the earlier of:
Dated 11 19 2019
Signature of a member or authorized representative of a member  A A ZE LOAF
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00