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(Reque	stor's Name)	
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(City/St	ate/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)
(Docum	ent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filin	g Officer:	

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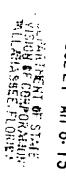


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RECEIVED

SEP 04 2020 S. YOUNG.



COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Diamond Tracey Collection, LCC. 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:
Shamekia Johnson Name of Person Diamond Tracey Collection, CCC, Firm/Company 312 Toccoa Place Address Janesboro, GA. 30236 City/State and Zip Code Cligmond traceymiani & qual. com E-mail address: (to be used for future annual report notification)
•
Shameka Johnson at 750 235-8740 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy Certificate of Status 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 OF

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our re a Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (Company were filed on	and assigned
Florida document number	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>en</u>	tter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	Cuy	Asp 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 Regi

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	Address	Type of Action
MGR	Shamekia Johnson	3700 NW 1944 St.	NAdd
		3700 NW 194th St. Miami Gardens, FL	□Remove
		33055	
			□Add
			□Remove
			□Change
			[]Add
			□Remove
			DChange
			□Add
			□Remove
			Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change

Author	red Pe	5120V	Chang	e	
	: CEO				
Amen	dment	to	MGR	Manag	ier)
an effective date is listed, ote: If the date inserte	r than the date of fil the date must be specific ed in this block does no te on the Department of	and cannot be price t meet the appl	or to date of filing or more icable statutory filing r	(optional) than 90 days after filing.) F equirements, this date w	Pursuant to 605,020 ill not be listed a
record specifies a delay is filed.	ved effective date, but i	not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
ated July	Sucme Signature of Stray	LOZ Gua	Tomso	a member	
	Stock		prized representative of	O	

D.

Filing Fee: \$25.00