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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE

Office Use Only

12/18/20



COVER LETTER

ΓΟ: Registration So Division of Cor	morations	, s	
SUBJECT: Di	Cimonel Trace	4 Collection, Li	. C.,
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shan	Name of Person	
	Diema	od Tracey Ent	erprises, LC.
	<u> </u>	NW 194th St.	
	Mica	City/State and Zip Code	
	E-mail address: (1	ad trace miamio o be used for future annual report noti	Scmal.com
For further information c	oncerning this matter, please ca	ill:	
Shame of Name of	TC Johnson Person	at (<u>751</u>) <u>235</u> Area Code Daytim	- 8 74 O ne Telephone Number
Enclosed is a check for t	ne following amount:		
21 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	<u>Street Address:</u> Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	-
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	City	
	Florida	
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the name o</u>	f the new register
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
Enter new principal offices address, if applicable:		-
The new name must be distinguishable and contain the words "Li	nited Liability Company," the designation "LLC" or the abbrev	viation "L.L.C."
A. If amending name, enter the new name of the lir	nited liability company here:	
This amendment is submitted to amend the following:		
Florida document number <u>1 19000 15922</u>	<u>Z</u> .	
The Articles of Organization for this Limited Liability	Company were filed on $(26)17 2019$	and assigned
(A Flori	2020 NOV -5 ey Collection (CC ity Company as it now appears on our records) ETARY (TALLAMASS TALLAMASS	OF STATE ST. FL
Diamond Trac	ey Collection (CC	PH 4: 19

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
	.		□Add
			□Remove
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(If an eff Note:	(optional) lective 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)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
ecord is fi	d 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.
Dated	November 1. 2020.
	Shamely Ghusan Signature of a member or authorized representative of a member Scanet C Mason Typed or printed name of signee
	Shametic Johnson