L19 000 184327

	1. 1- 11	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	isiness Entity Nan	ne)
•	•	•
(Dr	ocument Number)	
(50	outilion, Hombor,	
Carle and Carles	C-454	- f Ct-1
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



700357451197

02/08/21--01010--020 **25.00

in the second

201 25 PH 3: 20



RECEIVED

2021 APR 26 PM 3: 16

FLORIDA DEPARTMENT OF STATE Division of Corporations

TALEAGAS WESTE

March 26, 2021

MICHAEL J. MAROCCO 760 NW 107TH AVENUE, SUITE 300 MIAMI, FL 33172

SUBJECT: 65 DIAMOND HILL ROAD, LLC

Ref. Number: L19000184327

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F05000000334-IN-SITU, INC./F16000002326-INSITU, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050. (5^{0}) 345-605

Susan Tallent Regulatory Specialist II

Letter Number: 821A00006391

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 65 Diamond Hill Road, 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:
Michael J. MAROCCO
65 Diamond Hill Road, ac
760 NW 107th Aronge, Suite 300
Miami Flagida 33172 City/State and Zip Code
E-mail address: (to be used for future annual report profification)
For further information concerning this matter, please call:
Michael J., WAROCCO at 917 693-1393 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 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 Street Address: Registration Section Division of Corporations

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

65 Diamon	D HILL Road, LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 1900018433</u> 7	ere filed on $\frac{117 \sqrt{99}}{\sqrt{9}}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability The new name must be distinguishable and contain the words "Limited Liability	MA INSITY 06896,1
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	
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

grand the state of the state of

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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
		□Remove	
		Change	
		4.	□Add
			□Remove
		Change	
		Remove	
			□ Change
			
	·		
			Change
		-,	
			□Remove
			□ Change

. If amend	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
	ate, if other than the date of filing: 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 and date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	
	effective date on the Department of State's records.	S dic
the record sp cord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	Ċ
Dated	ilanlaı	
Dated		

Filing Fee: \$25.00