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## **COVER LETTER**

ro:	Registration Secti Division of Corpo			
SUBJ	ест:	Orienda Dian Name of Limit	ed Liability Company	
The en	iclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please	return all correspond	lence concerning this matter to	o the following:	
		Sylvia	Tisdale Name of Person	<del></del>
			Firm/Company	
		6250	College PK	wy.
		Penx	Occolu 7 / =	32504
		Sylvia + is	Jale 1951 @ 9m o be used for future annual report notifi	cail. Com
For fu	rther information cor	ncerning this matter, please ca	II:	
	Sylvia Name of I	Tis Jale Person	at (850) 741- Area Code Daytime	Telephone Number
Enclo	od is a check for the	following amount:		
<b>₽</b> /s	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & 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

FILED

2022 JUL 21 PH 1:17

JORIENDA DIANE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number L19000233011 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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.

\_, Florida \_\_

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
MGR	PAMELA NICOLE WRIGHT	612 WYNNEHURST ST	□ Add
		PENSACOLA FL 32503	≣Remove
			□Change
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n effective date te: If the date	is listed, the date me inserted in this	he date of filing: nust be specific and can block does not meet Department of State	not be prior to date of the applicable sta	of filing or more th	(option: an 90 days after fili uirements, this d	al)	to 605.02
ecord specifier is filed.	s a delayed effect	tive date, but not an e	effective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day	y after the
	7-18-8	22		le presentative of a			