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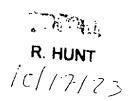
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STATE OF CORPORATIONS OF CORPO



COVER LETTER

Division of C			
Diamond	Facilities Support Of Florida LI	.c	
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Roxana Dominguez Velaza	quez	
	1,00	Name of Person	
	Diamond Facilities Support	nt Of Florida LLC	202
		Firm/Company	
	5428 San Marino PL		2023 OCT 17 PM 12: 40
		Address	PA RPO
	Orlando FL 32807		12:1
	Diamondshinemultiservices	City/State and Zip Code	5 A
		to be used for future annual report notifical	ion)
For further information	concerning this matter, please c	all:	
Roxana Dominguez Ve		786 768-0172	
	CD.	at ()	
Name	of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Sectio	n

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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Diamond Facilities Support Of Florida LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviative 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 agent and/or the new registered office address here: Name of New Registered Agent:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Diamond Facilities Support Of Florida LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviative new principal offices address, if applicable: Enter new principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the grent and/or the new registered Agent: Name of New Registered Agent:	
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Diamond Facilities Support Of Florida LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation and the manner of the principal offices address, if applicable: 2480 E. Michigan St. Suite 205 ORLANDO, FL 3280	
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3. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent:	PHIZ: 4
B. If amending the registered agent and/or registered office address on our records, enter the name of the gent and/or the new registered office address here: Name of New Registered Agent:	○ ₹
New Registered Office Address: Enter Florida street address	e new regist
	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 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
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			□Remove
			□Change
<u></u>			□Add
			□Remove
			□Change 202
			Change Change Dry's local far Adday of 6
			Remove
			□Remove
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ecord specifies a delayed effecti is filed.	ve date, but	not an effective	e time, at 12:	01 a.m. on t	he earlier of:	(b) The 90	th day aft	ter th
10 October ted		2023						
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