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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	DIAMOND H	OMES GROUP LLĈ	••		
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		ADEL ODEH			
	Name of Person				
	DIAMOND HOMES GROUP LLC				
		Firm/Company			
	POBOX 92891				
		Address			
LAKELAND, FL 33804					
		City/State and Zip Codc			
		MESGROUP@GMAIL.COM			
		to be used for future annual report no	onneation)		
For further information c	oncerning this matter, please ca				
ADEL	ODEH	813 995-127 at ()			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for t	he 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 Addres Registration		Street Address: Registration S	Section		
Division of C	Corporations	Division of C	orporations		
P.O. Box 632	27	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMOND HOMES GROUP LLC		, <u>:</u>
(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 Lia Florida document number L20000020389	bility Company were filed on JANUARY 13, 2020	and assigned
This amendment is submitted to amend the follow	wing:	•===d
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	(OX)	
agent and/or the new registered office address Name of New Registered Agent:	gistered office address on our records, enter the na here:	me of the new register
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	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 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>	<u>Address</u>	Type of Action
MGR	DAVID ROBLES	POBOX 92891	
		LAKELAND, FL 33804	≡ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change
			
			□Remove
			Change
			
			Remove
			□Change
			□ Add
			CRemove
			□Change

ADEL ODEH IS THE ONLY MANAGE	R OF THE LLC		
			
			
			<u></u>
	2004		
		 -	
ctive date, if other than the date of fili	ng:	(optional)	
effective date is listed, the date must be specific a : If the date inserted in this block does not			
ment's effective date on the Department of			
	60	31	-11Ω
ord specifies a delayed effective date, but n filed.	ot an effective time, at 12:0	of a.m. on the earlier of: (b) I he 90	tn day arte

dJULY 9	2020	11/	1.
+82	•	AMES E	\mathcal{M}_{Λ}
Signature of	a member or authorized repres	sentative of a member	

Typed or printed name of signee