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	(Req	uestor's Nam	e)	
	(Add	ress)		
	(Add	ress)		-
	(City	/State/Zip/Pho	one #)	
PICK-UP)	MAIT		MAIL
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Certified Copies		Certifica	tes of S	Status
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Special Instructions	to F	iling Officer:		
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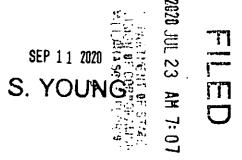
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COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Diagras Massage L.L.C 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:	
Name of Person	
Dicaras Massage Firm/Company	
2499 Colades Rd Unit 701	
BOCG Raton, FL, 33068 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Diarra Lewis at (954) (678 7473 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Z \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status □ \$60.00 Filing Certificate of Certified Copy (additional copy is enclosed) □ \$60.00 Filing Certified Copy (additional copy is enclosed)	Status &
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	

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

Dia - a Macco		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	23 M
		10000000000000000000000000000000000000
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on <u>(X9/15/7C</u>	and assigned
		· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty 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 ad	dress 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:		
New Registered Office Address.	Enter Florida street address	
	, Floric	la
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete page 1.	erformance of my duties, and I	l am familiar with and
accept the obligations of my position as registered agent as pro	ovided for in Chapter 605, F.S	Cor, 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Diarra Lewis	2499 Glaces Rd Unit	<u>[0]</u> [] Add
		Boca Ration, FL 33431	ØRemove
			Change
MGR Diarra Lewis	Diarra Lewis	2499 Glades Rd Unit 7	<u>C</u> ZAdd
		Borg Raton, FL 33431	□Remove
			□Change
			□Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
	·		□Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
If the record is f	rd 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 iled.
Dated	June 15. 2070.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Diarra Lewis Typed or printed name of single