120000175494

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COVER LETTER

TO:	Registration Section Division of Corpora			ij.	
SUBJ	ест: <u>Ди</u>	inand Last Name of Limit	ted Liability Company		
The en	nclosed Articles of Ame	ndment and fee(s) are subr	nitted for tiling.		
Please	return all corresponder	ice concerning this matter t	o the following:		
	-	Diamen	d AllGriHa		
	-	Diamand	Firm/Company) 	
	-	11390 Sq	uare 5-1	# 320	27
	-		City/State and Zip Code		6
	_	Diamond 936	Gahav, Connote used for future annual rep		
For fu	rther information conce	E-mail address: (to rning this matter, please ca		wrt nothication)	
	(apple nd Alle Name of Pers	xi Hou	at (<u>904</u>)	566 36 Daytime Telepho	114 one Number
Enclos	sed is a check for the fo	lowing amount:			
₫ \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos		\$60.00 Filing Fee, 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

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Jiability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 0000175494</u> .	were filed on 6-25-2020 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi				
The new name must be distinguishable and contain the words *Limited Liability*	ity 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)	N/Λ			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A :-8 II			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registe			
Name of New Registered Agent: New Registered Office Address:	1/4			
	Enter Florida street address			
	Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	7.47			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Square St # 320	Type of Action
MGR	Biamend Allbritton	11390 Square St #320 	_ ZAdd
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ord specifies a delayed effective date, but not an e	ffective time.	at 12:01 a.m. (on the earlier	of; (b) The	e 90th	day afi	ter the
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Ainson (1)	A Sant	d representative					

Filing Fee: \$25.00