## L20 000 214406

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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(Bu	siness Entity Nam	e)
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## **COVER LETTER**

Division of Co	rporations		
	AMOND TOOLS LLC		
SUBJECT: 1	Name of Lim	uted 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:	
	NICK NICHOLAS		
		Name of Person	
	M & A DIAMOND TOOL	LS LLC	
	<del></del>	Firm/Company	<del></del>
	180 PRESTON E		
		Address	
	BOCA RATON, FL 33434	1	
		City/State and Zip Code	
	MNICK350Z@AOL.COM		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all;	
NICK NICHOLAS		561 541-2878	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration		Registration Sec	
Division of C		Division of Con	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & A DIAMOND TOOLS LLC

ne Articles of Organization for this Limited Liability Co	ompany were filed on 07/22/2020	and assigned
orida document number L20000214406		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limi	ted liability company here:	
e new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "L	LC" or the abbreviation "L. I. C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDR	ESS)	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent:	office address on our records, <u>ent</u>	er the name of the new register
ent and/or the new registered office address here:	office address on our records, ent	
Name of New Registered Agent:	Enter Florida street add	tress
Name of New Registered Agent:	Enter Florida street add	
	Enter Florida street add City	tress

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MICHAEL NICHOLAS	180 PRESTON E	
		BOCA RATON, FL 33434	≅Remove
			□Change
AMBR	ALAN NICHOLAS	180 PRESTON E	□Add
		BOCA RATON, FL 33434	= Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
		_	□Add
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fan effec <u>Note:</u> If	e date, if other than the date tive date is listed, the date must be s the date inserted in this block on it's effective date on the Depart	specific and cannot be pr does not meet the app	licable statutory filing	(options ore than 90 days after file g requirements, this da	ng.) Pursuant to 605.0201
record: d is filed	specifies a delayed effective dat	e but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after the
ated _	<u> </u>	BOOD /	—: <sub>#}</sub> //	1	
	Cian	ature of a member or as	thorized representative	of a member	

Filing Fee: \$25.00