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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Elini, Name)
(Document Number)
(Bocament Hamber)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HORNE
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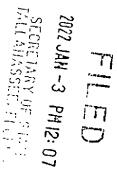


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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations					
	CROWN ENTERPRISES, L	LC				
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	DEMETRIA STATEN					
		Name of Person				
	DIAMOND CROWN ENTERPRISES, LLC					
		Firm/Company	· · · · · · · · · · · · · · · · · · ·			
	1734 KINGSLEY AVENUE, SUITE 4					
		Address				
	ORANGE PARK, FL 320	73				
		City/State and Zip Code				
	demi@diamondcrownenter					
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	oncerning this matter, please c	all:				
DEMETRIA STATEN		904 999-8117 at ()				
Name of Person			c Telephone Number			
Trainged is a shoot faut	a a Fallonicia a manusay					
Enclosed is a check for the	_					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:				
Registration S		Registration Section				
Division of C	-	Division of Cor	•			
P.O. Box 632	. <i>f</i>	The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

DIAMOND CROWN ENTERPRISES, LLC

2022 JAN -3 PM 12: 07

now appears on our-records TARY OF STAR Company) Icompany Icompa		
mpany here:		
pany," the designation "LLC" or the abbreviation "L.L.C."		
1734 KINGSLEY AVENUE		
ESS) SUITE 4		
ORANGE PARK, FL 32073		
KINGSLEY AVENUE		
SUITE 4		
ORANGE PARK, FL 32073		
on our records, enter the name of the new registe		
, Florida		
Zip Code		

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
			□Add
			□Remove
			Change
-			□Add
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Effective date, if other than the of an effective date is listed, the date must	late of filing:	prior to data of filipp or n	option (option	al)
Note: If the date inserted in this blo-	ck does not meet the app	plicable statutory filir		
locument's effective date on the Dep	partment of State's reco	rds.		
e record specifies a delayed effective ed is filed.	date, but not an effective	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated	2021			
		<u>. </u>		
				
	ignature of a member or a			

Typed or printed name of signee