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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Diversified Services of Florida, LLC 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:		
Shamila Hamilton Name of Person		
Diversified Services of Floridgillo		
2419 S. Baboock St Unit A		
Melbourne FL 32901		
Shamika Hamithn Is amulton City/State and Zip Code  Shamika Hamithn Is amulton annual report notification)		
r further information concerning this matter, please call:		
hamika Ham 1 = 1254, 102-5426		
Name of Person Area Code Daytime Telephone Number		
osed is a check for the following amount:		
25.00 Filing Fee \$\Bigcup \$30 00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations <sup>2</sup>.O. Box 6327 fallahassee, 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

Diversified Sirvices of  (Name of the Limited Liability Compa (A Florida Limited)	TIORING LLC  ny as it now appears on our records.)  Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2 00003 4451</u> 7.	0.10-1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	Control of the contro
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	9419 S. Baback St Unit A Welbourne, FL 32901
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	8419 S Baback St Unit A Melbourne, FL 32901
If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	AR T
New Registered Office Address:	Enter Florida street address
	Florida
	City ZhiDìode

egistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is led to merely reflect a change in the registered office address, I hereby confirm that the limited liability y has been notified in writing of this change.

rerson(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 **Address** Type of Action **Title** Name | Shamitia Hamitian 3830 & Huy Ala 4-107 Dadd Melbourne Bch, FL 3295/ Remove \_\_\_\_\_ Change 7548 S. US Hwy I-108 DAdd MGR James Preston TT Pierce, FL 34950 Bremove \_\_\_\_\_ □ Change 202 □Remove ∴ ₹ ¬ □Change □Remove ☐Remove \_\_\_\_\_ □Change □Remove

\_\_\_\_\_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) ffective date, if other than the date of filing: ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the enment's effective date on the Department of State's records. cord 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 sfiled. Signature of a member or authorized representative of a member

Typed or printed name of signee

Shamika Hamilton