31000015340

| | (Requestor's Name) | |
|---------------------|-----------------------|-------------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone | e #) |
| PICK-U | P WAIT | MAIL |
| | (Business Entity Nar | ne) |
| _ | (Document Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instruction | s to Filing Officer: | |
| | | |
| | | |
| | | |
| | | s of Status |

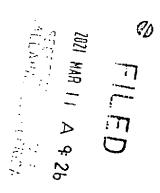
Office Use Only

04/29/2021 Soc.



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COVER LETTER

TO:

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: DiamondDancer 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: |
| Witledge bedeen Name of Person |
| Firm/Company |
| 9481 Highland Oak Dr cenit 1713 |
| Tampa, FL 33647 City/State and Zip Code |
| E-mail address: (To be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Wittedge bedeen Name of Person at (813) 244-9104 Area Code Daytime Telephone Number |
| Enclosed 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 \$\Bigcup \\$ (additional copy is enclosed) \$\Bigcup \] |
| Mailing Address: Registration Section |
| Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| (A Florida Limited) | Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000015340</u> . | were filed on Jan 5, 2021 and assigned |
| 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 Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 19046 Bruce B. Downs Blvd suit#304 |
| (Principal office address MUST BE A STREET ADDRESS) | Tampa, FL 33647 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 19046 Bruce, B. Downs Blid suit#304 Tampa, FL 33647 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registered |
| Name of New Registered Agent: Withedo | etredeon |
| New Registered Office Address: 19046 Bo | ULE B. DOWNS Blvd Scent #304 Enter Florida street address |
| Tampe | City Florida 33647 |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete | |

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------|---|----------------|
| AMBR | Witleage bedeen | 19046 Bruce B. Downs Blw. Suit # 304 | t Add |
| | | Tampa, FL 33647 | Remove |
| | | | □Change |
| M6R | withelige bedeen | 19046 Breece B. Downs BLVL sceit # 304 Tampa FL 33647 | X Add |
| | | Tampa FL 33647 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
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| | | | Remove |
| | | | □Change |

| D. If amendi | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------------------------|--|
| Ba | esically what needs to happen is that this |
| L | C 'needs to show me as the owner |
| 00 | d Authorized Memeber in order for |
| $\overline{\mathbb{W}}$ | e to open a bank account. |
| ne | eds to show withedge tradeon as Authorized |
| ME | ember and manage. I'm the only |
| Q _e | rson authorized on this bases. |
| th | e new address for this LLC will be |
| 70 | 1046 Bruce B. Daons Blud seit # 304 |
| _+ | W 19 COSC PRANTY DIVINI CONTINUE TO THE PROPERTY OF THE PROPER |
| | |
| - | |
| | |
| | |
| | |
| | |
| E. Effective d | ate, if other than the date of filing: |
| (If an effective | edate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) and date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| document's | effective date on the Department of State's records. |
| If the record spe record is filed. | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| 2 | |
| Dated | $\frac{1}{2}$ |
| - | Signature of a member or authorized representative of a member |
| | 1.7.7.10.100 Ford own |
| - | Typed or printed name of signee |