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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DCZZ/CO DY DY DOWN 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:
DIAMUNA RUDINSUM
Dazzed by Diamond
2020 brock winged items dr.
PUSKIN F 3:7570  City/State and Zip Code  DIAMUNA F (929 a) January - Com  E-mail address: (10 be used for furure annual report notification)
For further information concerning this matter, please call:
DIGMONDON at (SI3), 5175930  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$\$\$\$\$

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Malling 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

Dazzlea by	DICH	MUM	1			
(Name of the Limite	i Liability Company A Florida Limited Lia	As It now appeability Company	ars on our records.)			
The Articles of Organization for this Limited Lia Florida document number $\frac{1}{2}$	bility Company w	rere filed on _	02/17/2	2021 and ass	igned	
This amendment is submitted to amend the follow	ving:					
A. If amending name, <u>enter the new name of t</u>	he limited liabili	ty company l	<u>iere</u> :		2021	
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the	designation "LLC" or	the abbreviation "L.I	_C75	1.
Enter new principal offices address, if applical	oie:					
(Principal office address MUST BE A STREET	ADDRESS)			51	<del></del> _	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- 2 <b>X</b> )			T CRIDA	M 9: 31	, 
B. If amending the registered agent and/or reg agent and/or the new registered office address	- istered office add here:	lress on our	records, <u>enter the</u>	name of the new	registered	
Name of New Registered Agent:	Diam	und_	POPINS	vn	<del></del>	٠ . ا
New Registered Office Address:	10000 20	)20 [2 Duer Flo	SOUCE V	unged	han	* dr
	RK!	KIN	, Florid	a 355	72	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 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

Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date if an effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Department.	ecific and cann	he applicabl	date of filing or r e statutory fili	nore than 90 day	(optional) 3 after filing.) F Is, this date w	Pursuant to 605 ill not be liste	.0207 (3 ed as th
e record specifies a delayed effective date rd is filed.	, but not an ei	ffective time	, at 12:01 a.m.	on the earlier	of: (b) The !	90th day after	the
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Dated MM 3 20 2	ture of a memb	er or a)uthorize	ed representative	W/	100		

Filing Fee: \$25.00