L21000094366

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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JUN 1 : 2021

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Royal Dia	mond 5 + Company	LLC
**			
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Shanno	Name of Reson	
	Koyal	Manunds + Compo	anj-UC
	8973 N	azareth Alice M	·
		Lahussee Florida City/State and Zip Code	
	E-mail address: (to	WIOVE @ amail. ((YV)
For further information co	oncerning this matter, please ca	·	
Shannon	Pernjman	at (850) 901-	
Name of	Person 🗸	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
72 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing 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

Koyal Dian	
(A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L210009436</u>	ompany were filed on $\frac{2}{35}\frac{35}{2}$ and assigned 0.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	red Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin Code

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 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>	Name	Address	Type of Action
AMBR	Shannon Pernyman	8973 Nazareth Alice D.	ZAdd
	· ·	8973 Nazureth Alice Dr. Tallahassee, Florida 32309	□Remove
		32309	□Change
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			□Remove
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			🗆 Change
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an effective o ote: If the	ate, if other the date is listed, the d date inserted in effective date on	late must be speci this block does	ific and cann s not meet t	ot be prior to the applicabl		more than 90		g.) Pursuant to 60	
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		hanns	n)	Jerryn	man)			
		Signatur	e of a memb	per or authoris	ed representat	ive of a membe	:r		