# 121000179047

(Re	questor's Name	)
- (Ad	dress)	_
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### **COVER LETTER**

TO:		ion Section of Corporations	
C. v. t v. v. E. C.	BLA	ACK-DIAMOND CONTRACTING, LLC	
SUBJE	UI:	Name of Limited Liability Company	
The enci	losed Articl	eles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all cor	orrespondence concerning this matter to the following:	
		JASON STARLING	
		Name of Person	
		BLACK DIAMOND CONTRACTING, LLC	
		Firm/Company	
		6919 AQUEDUCT TERRACE	
		Address	
		ODESSA, FL 33556	
		City/State and Zip Code	
		BROSE9721@GMAIL.COM  E-mail address: (to be used for future annual report notification)	
For furth	ner informa	ation concerning this matter, please call:	
BRIA	N ROSE	813 610-3043 at ( )	
	N	Name of Person Area Code Daytime Telephone Number	
Enclosed	d is a check	k for the following amount:	
□ \$25	,00 Filing F	Fee \$\Bigcup \\$30,00 \text{ Filing Fee & B\$55,00 \text{ Filing Fee & Certificate of Status}}\$  Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy (additional copy))	Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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#### BLACK DIAMOND CONTRACTING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number 1.21000179047	were filed on _	04/19/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
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:			
New Registered Office Address:	Enter Fi	orida street address	
		, Florida	•
	City	, 1 101102	Zip 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

MGR = Manager AMBR = Authorized Member		With the state of		
<u>Name</u>	Address	21 AUG -9 PH 1: 20	Type of Action	
JASON STARLING	6919 AQUE		<b>=</b> Add	
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	uthorized Member <u>Name</u>	Name Address  JASON STARLING 6919 AQUE  ODESSA. F	Name  Address  Address  21 AUG -9 PH 1: 26	

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effecti	ve date, if other than the date of filing: (optional)
(If an effi	ective date 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 V
docum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record	I 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
cord is fil	ed.
	$\Lambda$ , and $\Lambda$ $\Lambda$
Dated_	August 2nd 2021
	Signature of a member or authorized representative of a member
	menance of a member of auditoribed representative of a member
	JASON STARLING

Typed or printed name of signee