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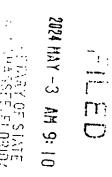
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M. SOLOMON MAY - 7 2024

COVER LETTER

	legistration Se Division of Cor				
eubico:		ond Development LLC			
SUBJECT	· :	Name of Lim	ited Liability Company		
The analog	and Ameialan af	Amendment and fee(s) are sub	mitted for filing		
		ondence concerning this matter	-		
r rease rete	mi an correspo	matter to the contenting this matter	to the following.		
		Eric Thomas			
			Name of Person	···· - ··	
		Five Diamond Developme	ent LLC		1
			Firm/Company		2024 HAY -3
		4916 W Melrose Ave N			
			Address		× Δ
		Tampa, FL 33629			Program
			City/State and Zip Code		AM 9: 10 DESTATE
		eric@fivediamondfl.com			# 6
			to be used for future annual report not	ification)	
For further	r information c	concerning this matter, please ca	all:		
Eric Thon	nas		978 618-3904 at ()		
	Name o	of Person		ne Telephone Number	_
Enclosed i	is a check for the	he following amount:			
□ \$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Certificate of Certified Copy (additional copy	Status & y
R D	Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Con The Centre of 1	rporations	

Tallahassee, FL 32314

MAY 0 3 2024

RECEIVED

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Five Diamond Development LLC					
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)			
The Articles of Organization for this Limited 1. Florida document number L21000184023		on <u>4/20/2021</u>	_ and ass	signed	
This amendment is submitted to amend the following					
A. If amending name, enter the new name of	of the limited liability compa	ny here:			
The new name must be distinguishable and contain the	words "Limited Liability Company,	" the designation "LLC" or the abbre	eviation "L.	.L.C."	_
Enter new principal offices address, if appli	cable:			~	
Principal office address MUST BE A STREE	ET ADDRESS)		- 1	024	
			Ein	11:- 11:-	i
			55 II	<u>.</u>	<u></u>
					IT
Enter new mailing address, if applicable:			<u> </u>	<u> </u>	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		9 <u>5</u>	بغ	
			<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, <u>enter the name (</u>	of the nev	w regis	<u>terec</u>
Name of New Registered Agent:					_
New Registered Office Address:	4916 W Melrose Ave N				
<u> </u>	Ent	er Florida street address			_
	Tampa	, Florida	.9		
	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 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>	Address	Type of Action
AMBR	Taylor McCook	4916 W Melrose Ave N, Tampa, FL 33629	= Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			7024-HAY
			Response To Right
			□ Add
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			□ Change
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			□Remove
			□Change

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-	te, if other than the date of filing: (optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed affective date on the Department of State's records.		
Iffective date, if other than the date of filing: (optional) In effective 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d is filed.			
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ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this da		
ocun	em s effective date on the Department of State's records.		
		The 90th day afte	r the
d is fi	ed.		
ated	ADDI 19 2024		
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Typed or printed name of signee