121000259151

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C	s Section Corporations		
	DIAMOND JUBILEE 2017 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	RAJAB DHARSI		
		Name of Person	
	NEW DIAMOND JUBILI	EE 2017 LLC	
		Firm/Company	
	1990 WEST BAY DRIVE		
		Address	
	LARGO, FLORIDA 3377	0	
	Raydharsi@yahoo.com	City/State and Zip Code to be used for future annual report n	
For further information	on concerning this matter, please c	·	ottleadon)
Mr. Ray Dharsi		727 504-1786	
Nar	ne of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for	or the following amount:		
∕≣ \$25.00 Filing Fed	e □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	on Section	Street Address: Registration S Division of C	Section
Division of Corporations P.O. Box 6327		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

NEW DIAMOND JUBILEE 2017 LLC

21 JUN 14 PM 3:31

(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 Compar	ny were filed on 05/28/2021	and assigned
Florida document number 121000259151		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		 :
B. If amending the registered agent and/or registered office	e address on our records, <u>enter th</u>	ne name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		-2
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	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		And the second s	
Title	<u>Name</u>	Address 21 JUN 14 PH 3: 31	Type of Action
AMBR	MOUSSA FARAGALLA	1990 WEST BAY DRIVE LARGO, FL 33770	= Add
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	21 JUN 14 PM 3: 31
	
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot bete: If the date inserted in this block does not meet the cument's effective date on the Department of State's remainder.	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (applicable statutory filing requirements, this date will not be listed as tecords.
ecord specifies a delayed effective date, but not an effe- is filed.	ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	
Signature of a member	Share 7 or authorized representative of a member
RAJAB DHARSI	
	or printed name of signee