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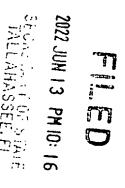
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Special Instructions to I	Filing Officer:	

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## COVER LETTER ....

Tallahassee, FL 32314

TO: Registration Section Division of Corpo	ion prations	♥	
SUBJECT: Big	Dienl Ca	LV Dentry, LLC  nited Liability Company)	
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Raymond Big Diel 9492 Old	Firm/Company	ic ne Rd
·	Tallaha gtarai	City/State and Zip Code  Cor  City/State and Zip Code	<u>, -                                    </u>
For further information con	accerning this matter, please c	call:	2022
Raymond H	. Diehl Person	at (850) 345. Area Code Daytime Tele	2022 JUN 13 PM
Enclosed is a check for the	following amount:		S FAT
□ \$25.00 Filing Fee	□ \$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)
Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Section Division of Corpora The Centre of Tallal	utions

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Big Diehl Ca	rnentru LIC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L210003659</u>	(1) 2/1 2/1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
This amendment is submitted to amend the following:	So o fil
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company" the decise of a W. Co.
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	9492 Old St. Augustino P.L.C."  Tailahassee, FU 32311
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	9492 Old St. kngustine 1 Tailahassee, Fr. 32311
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	idress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 9493	Old St. Augustine Rd  Enter Florida street address)
_ lauc	ahassee, Florida 32311
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office acceptance when the company has been notified in writing of this change.	aryormance of my auties, and I am familiar with and

ng 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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		a	□Remove
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