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SECRETARY OF STATE
TALLAHASSEE, FL

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APR 0 6 2022

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	DIAMOND CO	URT SURFACE LLC			
	Name of Lin	ited Liability Company	 		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	BRYAN G C	ASTANEDA MEDINA			
		Name of Person			
		Firm/Company			
	1313 CREST DR Address				
	DAIMONDO	City/State and Zip Code CASTANEDA@GMAIL.COM			
		to be used for future annual report no	otification)		
For further information	concerning this matter, please e	all:			
BRYAN G CAST	ANEDA MEDINA	561 294-4015			
Name	of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for	the following amount:				
■ \$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 tadditional copy is enclosed)		
<u>Mailing Addi</u> Registration		Street Address: Registration S	ection		
Division of	Corporations	Division of Co	orporations		
P.O. Box 6.	327	The Centre of	Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATIONNAR 24 AM 7: 12 OF

SECRETARY OF STATE
TALLAHASSEE, FL

DIAMOND COURT SURFACE LLC	TALLAHASSEE, TE
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liabilit	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L21000534695}{L21000534695}$	filed on and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
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)	
3. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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
MGR	GALLEGOS ALVARENGA SERC	412 FLEMING AVE GREENACRS FL 33463	□Add
			■Remove
			□Change
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E <mark>ffect</mark> If an eff	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
e recor rd is fi	d 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 ed.
Dated	MARCH, 10 2022
Daicu	
Daicu	(E)~~(/
Daicu	Signature of a member or authorized representative of a member

Filing Fee: \$25.00