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Office Use Only



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COVER LETTER

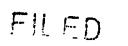
TO:	Registration Se Division of Cor					
SUBJEC		Oogs Consulting, LLC				
	~···	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Danielle Rachel				
			Name of Person			
		Diamond Dogs Consulting	, LLC			
			Firm Company			
		828 104th Ave N				
			Address			
		Naples, FL 34108				
		City/State and Zip Code dprachel@gmail.com				
		E-mail address: (to be used for future annual report non-	rication)		
For furth	er information c	oncerning this matter, please of	uli:			
Danielle	Rachel		239 595-5901 at ()			
	Name c	of Person	Area Code Daytim	e Telephone Number		
Enclosed	l is a check for t	he following amount:				
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	CJ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Cortificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 JUN 10 AM 11: 01

Diamond Dogs Consulting, LLC		with Ol
(Name of the Limited Liabi (A Florid	lity Company as it now appears on or la Limited Liability Company)	IC TECOTOR SECRETARY OF STA
The Articles of Organization for this Limited Liability	Company were filed on 01/06/22	and assigned
Florida document number L2200014953		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		s, enter the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stro	vet address
		Florida
	Cty	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 Changing Registered Agent, Signature of New Registered Agent

'Hamending 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	Edith Rachel	828 104th Ave N Naples, FL 34108	≡ Add
			🗀 Remove
			□Change
		-	□ Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Add
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			UChange
			□Remove
			Change
			\(\subseteq \text{Add} \)
			□ Келюче
			□Change

11 31130	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ne recor ord 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	May 31st 2022
	Signature of a member or authorized representative of a member
	Danielle Rachel
	Typed or printed name of signee

Filing Fee: \$25.00