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TO: Registration Secti Division of Corpo						
SUBJECT: G	ioldDiamondDistribution, LLC					
	Name of Limited Liability Company					
The enclosed Articles of An	nendment and fee(s) are submitted for filing.					
	ence concerning this matter to the following:					
	Dallas Hus Name of Person					
	GoldDiamondDistribution, LLC					
	2560 S Ocean Blvd, #410					
Palm Beach, FL 33480						
-	City/State and Zip Code MrDallasHus@gmail.com E-mail address: (to be used for future annual report notification)					
For further information cond	terning this matter, please call:					
	Dallas Hus 305-902-2222					
Name of Pe	rson Area Code Daytime Telephone Number					
Enclosed is a check for the f	following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					

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

Street Address:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GoldDiamondDistribution, LLC2002 HAY 18 PM 12

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF ST TALLAHASSEE.

The Articles of Organization for this Limited Liability Company	were filed on 01	1/20/2022	_ and assigned	
Florida document number <u>L22000039704</u>			-	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here	:		
Gold Diamond	d Distributi	on, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if applicable:			<u> </u>	
(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 a agent and/or the new registered office address here:	address on our reco	ords, <u>enter the name (</u>	of the new regist	
agent and/of the new registered office address here.				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	ı street address		
	, Florida			
	City	, гюпия	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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
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f an effective date i Note: If the date	fother than the day is listed, the date must be inserted in this block tive date on the Depart	specific and conduction does not me	annot be prior to et the applicab	date of filing or le statutory fil	more than 90 dating requirement	(optional) ys after filing nts, this date	.) Pursuant to	605.0207 listed as
document 5 error								
e record specifies rd is filed.	a delayed effective d	ate, but not a	n effective time	e, at 12:01 a.n	n. on the earlie	r of: (b) Ti	ne 90th day a	ifter the
Dated	lay 6th	<u> </u>	<u>2022</u>					
		J OU	ember or authori	zed representat	ive of a member			
		_	,	•				