## L220000511(8)

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2022 APR 29 PH 1: 05

SECRETARY OF STATE
ALLAHASSEE, FLORE JALLAHASSEE, FLORE JALLAHASSEE,

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Diamond Outdor Projects LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nil Diamond
Name of Person
Firm/Company
3623 CALVADOS AVE
ORange Park FL 32065  City/State and Zip Code  NSiamond Works O Gmail Com  E-mail address. (to be used for future annual report notification)
For further information concerning this matter, please call:
Nil Diamond at QUU 544 2288  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Sp. \$25.00 Filing Fee

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR 29 PH 1: 14

Diamont Out (Name of the Limited Liability (A Florida L	Company as it now	appears of our records.)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Cor Florida document number <u>L2729057768</u>	mpany were filed L.	on February 03	222 Jund assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	ed liability comp:	iny here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company	"the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
	<del></del>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	office address on	our records, enter the na	ime of the new registered
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street address	
<u> </u>		, Florida	
	Ciţy		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.

or removed f	rom our records:		
MGR = Ma AMBR = Au	mager (thorized Member		
<u>Fitle</u>	Name	Address	Type of Action
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		FL 32065	□Change
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ective date, if oth n effective date is listed te: 1f the date inser- cument's effective of	ted in this block do	es not meet the a	pplicable statutory	g or more than 90 day	(optional) is after filing.) Pursuan is, this date will not	it to 605,026 be listed (
cord specifies a del s filed.	ayed effective date.	but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th d	ay after th
ed <b>4</b> /20	1/22	·				
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Filing Fee: \$25.00