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SECRETARY OF STATI
TALLAHASSEF

COVER LETTER

TO: Registration Se Division of Cor			-
Diamond F	landz lle		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Vazquez		
		Name of Person	
	Diamond Handz Ilc		
		Firm/Company	
	829 sheen cir		
		Address	
	Haines City, FL 33844		
		City/State and Zip Code	
	diamondhandzllcl@gmail.	com to be used for future annual report no	atification)
For further information c	oncerning this matter, please c	·	Attreation)
Daniel Vazquez		646 831-4300 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration S Division of Co	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mont	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamond Handz IIc			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L22000088073	.iability Company 	were filed on $\frac{1/18/22}{}$	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2004 Laguna Dr Unit 306	
(Principal office address MUST BE A STRE		Davenport, Florida 33896	
Enter new mailing address, if applicable:		2004 Laguna Dr Unit 306	
(Mailing address MAY BE A POST OFFICE	BOX)	Davenport, Florida 33896	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here: N/A	address on our records, enter the r	TAHY CAHASS
Name of New Registered Agent:			THE SECTION
New Registered Office Address:	2004 Laguna D	Or Unit 306 Enter Florida street address	: 28 FAT
	Davenport		73896
		, Florida	Zin 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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	Daniel Vaz		Typed or printed i	-		