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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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T. MATTHEWS APR 2 8 2022

COVER LETTER

Division of Corporations
SUBJECT: Diamond Cut Lanckcaping LLC Name of Limited Liability Company
, <u>and or anison</u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Meliquo Chero
Diamonal Cut Landscaping LLC
23781 US Highway 27 #147
Lake Wales #1 3305C1 City/State and Zip Code
MULTIBUSINESS FUNCTIONS & GMAIL (O): E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (Bus) 589 8374 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee &

TO:

Registration Section

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 AMENDMEN TO 22 APR 11 AM 10: 54 ARTICLES OF ORGANIZATION

OF

DIGMONO	Cut Lanciscaping LL
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	ty Company were filed on 2500 and assigned
Florida document number <u>L220000</u>	940
1 lorica document marious = 2 2 3 (700	
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the	limited liability company hare:
A. It amending hanne, enter the new hanne of the	innico nability Company nere.
The new name must be distinguishable and contain the words "	'Limited 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 AD	DDRESS)
•	
F-4	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ered office address on our records, enter the name of the new registered
agent and/or the new registered office address her	<u>.</u> ë:
	Maliana Charco
Name of New Registered Agent:	YICHAUA Crore
New Registered Office Address:	2379111S Hidmay 27 #147
	Enter Florida street address
· ·	Lake Walesorida 33850
-	City 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

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
AMBR	Meiigua Chera	23781 US Highway	DAdd
		# 147	□Remove
		Lake Whiles, 71 338	∑ ⊓Change
			
			□Remove
			Change
			🗆 Add
			□Remove
			DChange
			□Add
			□Remove
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			🗆 Add
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			Change
			□Add
			Remove
			Change

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1	ve date, if other than the date of filing: (optional) (
	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.
_	April 8th 2002
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00