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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
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| SUBJECT: ANG | | Y DIANA LLC ted Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are subr | mitted for filing. | |
| Please return all correspon | dence concerning this matter t | to the following: | |
| | DIANA COR | Name of Person | |
| | ANGE NA | Firm/Company | LLC |
| | 2246 Fillr | nore 5+ Af | 4#9. |
| | Hollywood | FL 33020 City/State and Zip Code | |
| | F-mail address: (t | o be used for future annual report notific | cation) |
| For further information co | ncerning this matter, please ca | all: | |
| Diana Name of | 1. Correq. | at (<u>754)</u> 348 2 Area Code Daytime | 682. Telephone Number |
| Enclosed is a check for the | following amount: | | |
| 22 \$25.00 Filing Fee | □ \$30.00 Filing Fee & 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 So Division of Co P.O. Box 6327 Tallahassee, F | ection orporations | Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe | orations Ilahassee |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2022 JUN -6 AM 10: 4.1 The Articles of Organization for this Limited Liability Company were filed on Harch 25 / 2022 and assigned Florida document number 122000 146295 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ANGELS NATIGE BY DIANA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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 |
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| f an effect <u>Note:</u> If | date, if other than the date is listed, the date in this at the date inserted in this are effective date on the | nust be specific and block does not r | d cannot be prio meet the applic | cable statutory | or more than s | 90 days after fi | ling.) Pursuant | to 605,0207 oc listed as |
| | nocifies a delayed effec | tive date, but no | t an effective t | ime, at 12:01 | a.m. on the ea | arlier of: (b) | The 90th da | y after the |
| record s | promes a delayed effec | | | | | | | |
| e record s rd is filed | Junio 01 | | 2022 | Ponce | | | | |

Filing Fee: \$25.00