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COVER LETTER

TO:

	Registration Se Division of Cor				
eun ira	HAVENLY	DIAMOND SERVICES LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ndence concerning this matter	to the following:		
			KIRENIA VAZQUEZ		
			Name of Person		
		НА	VENLY DIAMOND SERVICES LL	C	
			Firm/Company		
			999 SW PAAR DR		
			Address		
		PC	ORT ST LUCIE, FL 34953		
			City/State and Zip Code		
		danielasmultise	rvices@outllook.com		
		E-mail address: (to be used for future annual report notific	ation)	
For furth	er information co	oncerning this matter, please ca	ıll:		
Kirenia Vazquez			786 991-5.		
Name of Person			at () Area Code Daytime T	Felephone Number	
Enclosed	is a check for th	e following amount:			
■ \$2 5.0	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 S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sect: Division of Corpo The Centre of Tal 2415 N. Monroe: Tallahassee, FL 3	orations Hahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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HAVENLY DIAMOND SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 04/20/2022 The Articles of Organization for this Limited Liability Company were filed on _ and assigned Florida document number 1.22000189729 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HEAVENLY DIAMOND SERVICES LLC 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 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, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Add
			□Remove
			□Change
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	Signature of a mo	moer or authori	A / representative	or a member		
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Filing Fee: \$25.00