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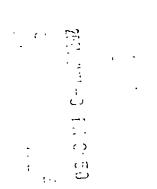
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tions		
iamond L.	ited Liability Company	<del></del>
ndment and fee(s) are sub	mitted for filing.	
ce concerning this matter	to the following:	
W:lfre	do Tarina Name of Person	<u>.</u>
AC Dic	Firm/Company	
710 Oo	Kfield Dr, Su	ite 124
Bran 20	City/State and Zip Code	11
E-mail address: (	recotor i @ 9mai	ication)
ming this matter, please ca	all;	
Farina	at ( <u>954)</u> <u>214-</u> Area Code Daytime	12.15 e Telephone Number
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	Street Address: Registration Sec Division of Cor The Centre of T	porations
	AC Did  AC Did  AC Did  AC Did  Bran  E-mail address: (  ming this matter, please can  take on  lowing amount:  \$30.00 Filing Fee &  Certificate of Status	Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  See concerning this matter to the following:  Wilfredo Farina Name of Person  AC Diamodd LLC Firm/Company  The Code Status  City/State and Zip Code  Wilfredofari @ gmail E-mail address: (to be used for future annual report notal ming this matter, please call:  Tarina at (954) 214- Area Code Daytime  Street Address:  Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address: Registration See Division of Cor The Centre of T

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC De	mond, L.L.C		
(Name of the Limited Li (A Fl	ability Company as it now appears on our orda Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabili		51/2022 and assigned	
Florida document number <u>L 22000330</u>	0020		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or regist	ered office address on our records,	enter the name of the new registered	
agent and/or the new registered office address he	<u>re</u> :		
AL CAL D			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
	EL 14.		
_	Ciţ	Florida Zip Code	
New Registered Agent's Signature, if changing Regis	tered Agent:	C 85	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper at accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete performance of my dut ed agent as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is	
company has been notified in writing of this char		- •	
		- · · · ·	
		<b>.</b>	
	If Changing Registered Agent, Sign	ature 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	Andrea Castillo	35247 Darsy Meadow	□ Add
		35247 Daisy Meadow Loop, Zephyrhills, FL, 335	<u>41</u> 14 (Remove
			□ Change
			□Add
			□Remove
		<del> </del>	□Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated 05/29/2024 ed representative of a member