## 422000357298

(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)	•			
Certified Copies	_ Certificate:	s of Status			
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A. BUTLER DEC - 3 2022

## **COVER LETTER**

ΓΟ: Registration Section Division of Corporations	
SUBJECT: Diamond Angles LLC  Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lilliam Rosado Name of Person	
Diamond Angles LLC Firm Company	
3741 SW 160th ave Apt 107	
Miramar, FL 33027 City/State and Zip Code	
Diamond Angels LLC Egmail Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lilliam Rosado at (786) 368:7756	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &
Mailing Address:  Registration Section  Street Address:  Registration Section	

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0	F	
Diamond Angles LL  (Name of the Limited Liability Compa (A Florida Limited)	. C 2022 ny as it now appears on our reco	2 AUG 29 11 -
ne Articles of Organization for this Limited Liability Company orida document number <u>L22000357298</u> .		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Diamond Angels LLC The new name must be distinguishable and contain the words "Limited Liabi		
he new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "Ll.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5412 Cameror	) Dr
Principal office address MUST BE A STREET ADDRESS)	Ave Maria, FL 3	4142
Enter new mailing address, if applicable:	5412 Cameron	Dr
Mailing address MAY BE A POST OFFICE BOX)	Ave Maria, FL	34142
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new regis
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:		
	Enter Florida street addr	ess
		ess Florida Zip Code

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 fitle, 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
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Typed or printed name of signee