K22000365478

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration S Division of Co					
	amonds LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Justin Quintana				
		Name of Person			
	Justin's Diamonds LLC				
		Firm/Company	2027		
	P O Box 3265		DOZ DEC 15		
		Address	<u> </u>		
	Bonita Springs, Fl 34133		03 S HV		
		City/State and Zip Code	<u> </u>		
	justinsdiaminds@outlook.c				
For further information	e-man address: concerning this matter, please c	to be used for future annual report not all:	meanony		
Justin Quintana		239 821-3858			
Name	of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ S25.00 Fiting 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 Addre Registration	Section	Street Address: Registration Se			
Division of 0 P.O. Box 63	Corporations 27	Division of Corporations The Centre of Tallahassee			
Tallahassee,			pe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Justin's Diamonds LLC				
(Name of the Limited Liabi (A Florid	ility Company as da Limited Liabili	it now appears on our records ty Company)	<u>s'</u>)	
The Articles of Organization for this Limited Liability Florida document number L22000365478	Company were	filed on 08/19/2022	and as	ssigned
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability	company here:		
N/A				
he new name must be distinguishable and contain the words "Li	mited Liability Co	ompany," the designation "LLC"	" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADD	ORESS) N/A	A	2072	
		. <u> </u>	스탠 모	· . ;
			0	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)) Box 3265		
		nita Springs, Fl 34133		, ,
			ب ۱۰۰۰. م	
			:: C	
 If amending the registered agent and/or register gent and/or the new registered office address here. 		ess on our records, <u>enter</u>	the name of the n	ew registe
Name of New Registered Agent: N/A				
New Registered Office Address:				
-		Enter Florida street address	5	
			orida	
	•	Ciţ	Zip Cod	?

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
MGR	Justin Quintana	5810 Hidden Oaks Lane, Naples, fl 34119	
			□Remove
		•	□Change
			🗆 Add
			□Remove
			☐ ☐ Change
			ZDZZAdd ZDZ ZDZZAdd C I Remove
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Signature of a member or authorized representative of a member	Dated September 8th		. 2022	·			
Signature of a member or authorized representative of a member		1					
		Signature	of a member or aut	horized representat	ive of a member		

Filing Fee: \$25.00