## 422000431044

(Red	uestor's Name)	
(Add	dress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	



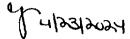
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Office Use Only



## **COVER LETTER**

. . . .

Tallahassee, FL 32314

TO: Registration Section Division of Corporations				
SUBJECT:	Gold and diamon	d liquidators LL ited Liability Company	<u>C</u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Christo	Phe Disteron	inO	
	Gold and	B Diamond Liavidators	LLC	
	1569 5	rederal Highway		
		dale FL 333 City/State and Zip Code		
	Chr. 3 (D) (E-mail address: (i	City/State and Zip Code  CITIFIED - SW155:  To be used for future annual report noti	fication)	
For further information of	concerning this matter, please ea			
Nimm	of Person	at () Area Code Daytim	T.J. North	
Name	n r cison	Area Code Paynin	е текрионе маниж	
Enclosed is a check for t	he following amount:			
№ \$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 Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



January 5, 2024

CHRISTOPHER DISTEFANO 1569 S FEDERAL HIGHWAY FORT LAUDERDALE, FL 33316

SUBJECT: GOLD AND DIAMOND LIQUIDATORS LLC

Ref. Number: L22000431044

We have received your document for GOLD AND DIAMOND LIQUIDATORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 824A00000337

Claretha Golden Regulatory Specialist II

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Gold and diamo	ind Liquidators	LLC	292414 /11 7:52
(Name of the Limited	I Liability Company as it now ap A Florida Limited Liability Compa	pears on our record iy)	<u>ds.</u> )
The Articles of Organization for this Limited Lia Florida document number $\frac{L \lambda \lambda}{100043}$	bility Company were filed on	10/05	12032 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company	<u>v here</u> :	
The new name must be distinguishable and contain the worlder new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	he designation "LLC	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>ox</u> )		
B. If amending the registered agent and/or regagent and/or the new registered office address	<del>-</del>	ır records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	- Anthony	D. T	20/10
New Registered Office Address:	Enter Florida street address		
	Cir	, Fl	orida

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 Title Name Type of Action Address Christopher Distefano 2455 E Surise Blvd PH 1 DAdd Ft Lander Jale FL 33304 Remove □ Change Justin Stoltz 1569 S. Federal HWY DAdd Fort Lauderdale FL 33316 MGR Anthony Rullo 15695. Federal HWY XADD Ft Lauderdale FL 33316 \_ □Change □Remove □ Remove \_\_\_\_ □Change

4	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	, <u> </u>
(If an o <u>Note</u>	ctive date, if other than the date of filing:
the reco	ord 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 filed.
Date	d Jan /22/24
	Signature of a member  Signature of a member  Typed or printed name of signee