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در دامار

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 297287 AUTHORIZATION : COST LIMIT : ORDER DATE: December 29, 2022 ORDER TIME : 9:57 AM ORDER NO. : 297287-001 CUSTOMER NO: 8401230 DOMESTIC AMENDMENT FILING NAME: COBRA DIAMONDS, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: \_

CONTACT PERSON: Eyliena Baker -- EXT#

## **COVER LETTER**

CLID	COBRA DIAMONDS, LLC	
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	rticles of Amendment and fec(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
	Alan Konstat	
	Name of Person	
	COBRA DIAMONDS, LLC	
	Finn/Company	
	19101 Mystic Pointe Dr Apt 1001	
	Address	
	Aventura, Florida 33180	
	City/State and Zip Code	
	City/State and Zip Code alan@cobradiamonds.com	
or further inform	alan@cobradiamonds.com	
or further inform	alan@cobradiamonds.com  E-mail address: (to be used for future annual report notification)	
	alan@cobradiamonds.com  E-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:	
	alan@cobradiamonds.com  E-mail address: (to be used for future annual report notification)	
N	alan@cobradiamonds.com  E-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:	
N	alan@cobradiamonds.com  E-mail address: (to be used for future annual report notification)  attion concerning this matter, please call:  at (	uus &

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 JAN -3 AM 9: 19

COBRA DIAMONDS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

SECKETALY OF STATE TALLAHASSEE, FL

(X r)	ко ов глинео глимпту ( оприну)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 10/17/2022	and assigned
Florida document number L22000445094	<u>.</u>	
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	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	Ciţv	Zip Code
w Registered Agent's Signature, if changing Regist	ered Agent:	
	<del></del>	y. I further agree to comply with
nereby accept the appointment as registered age ovisions of all statutes relative to the proper and	nt and agree to act in this capaci d complete performance of my du	ties, and I am familiar with and
nereby accept the uppointment as registered age ovisions of all statutes relative to the proper und cept the obligations of my position as registered	out and agree to act in this capaci d complete performance of my du l agent as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document i
nereby accept the appointment as registered age ovisions of all statutes relative to the proper and cept the obligations of my position as registered ing filed to merely reflect a change in the regist	ont and agree to act in this capaci d complete performance of my du l agent as provided for in Chapte ered office address, I hereby conj	ties, and I am familiar with and r 605, F.S. Or, if this document i
nereby accept the appointment as registered age ovisions of all statutes relative to the proper and cept the obligations of my position as registered ing filed to merely reflect a change in the regist	ont and agree to act in this capaci d complete performance of my du l agent as provided for in Chapte ered office address, I hereby conj	ties, and I am familiar with and r 605, F.S. Or, if this document i
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ew Registered Agent's Signature, if changing Registive Registered age ovisions of all statutes relative to the proper and cept the obligations of my position as registered ing filed to merely reflect a change in the registered in many has been notified in writing of this change.	ont and agree to act in this capaci d complete performance of my du l agent as provided for in Chapte ered office address, I hereby conj	ties, and I am familiar with and r 605, F.S. Or, if this document firm that the limited liability

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>	Name	Address	Type of Action
AR	Adam N Lustig	3475 North Country Club Dr. Apt 303	🗀 Add
		Aventura, FL 33180	=Remove
			□Change
AMBR	Alan Konstat	19101 Mystic Pointe Dr Apt 1001	□Add
		Aventura, FL 33180	□Remove
			\( \operatorname{\operatorname{A}} \)
<del></del>			
			□Remove
			□Change
<del></del>			
			□Remove
			□Add
			□Remove
			□Change
<del></del>			
			□Remove
			Change

	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Effect	ive date if athers the date of City
*****	ive date, if other than the date of filing:
	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
e record rd is file	
ra is file F	DEc 29 2022
ra is tile	DEc 29 2022
ra is file F	DEc 29 2022
ra is file F	Signature of a member or authorized representative of a member

Filing Fee: \$25.00