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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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SECTION 23 AMII: 39

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COVER LETTER

TO:	Registration Sec Division of Corp		. c	
SUBJI	ct: <u>DIA</u>	monds of Name of Limit	Devotion ited Liability Company	LLC
The en	closed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Olivia Go	Name of Person	
		<u>Diamond</u>	S of Devotor Firm/Company	on LLC
		4001 S Wes	stoshore Bl	vd #512
		Tampa,	FL 33611 City/State and Zip Code	
		Oliviagoutou E-mail address: (1	FOS Ogmail. To be used for future annual repo	crt notification)
For fur	ther information co	oncerning this matter, please ca	all:	
01	Name of	toutas Person	at (<u>813</u>) <u>90</u> Area Code	25 - 1611 Daytime Telephone Number
Enclos	ed is a check for th	e following amount:		
1∑ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co	ection	<u>Street Addr</u> Registratio Division o	

P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diamonds of	Devotion LL	<u></u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
	11/7/27	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L22000471327</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Rebel Movement LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- (; 23
(Principal office address MUST BE A STREET ADDRESS)		23
		23 HAX
Enter new mailing address, if applicable:		SSE T
(Mailing address MAY BE A POST OFFICE BOX)		型の = O
	1 \	39
B. If amending the registered agent and/or registered office a	address on our records, enter the n	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	A	
New Registered Office Address:		
	Emer Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	

company has been notified in writing of this change.

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

It 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
NIA	NIA	N/A	□Add
	1		□Remove
1			□ Change
			□Remove
			□ Change
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

	NIA
	
(If an effective dat Note: If the da	e, if other than the date of filing:
If the record specifi record is filed.	Ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>Ja I</u>	Signature of a member or authorized representative of a member
	Olivia Goutoufas Typed or printed name of signee