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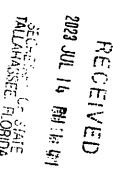


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## **COVER LETTER**

TO: Registration Sc Division of Cor			
subject: DICU		Stop / Trave	11 Center IIC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Prinstina	Pal_ Name of Person	
	Diamond t	YUCK Stop /	Travel Center UC
	7476 Hunt	LES GRUNI	Cir
	Lakeland, f	FL 33810	
	diamond 10 E-mail address: (	City/State and Zip Cod  CKSHO a CM  to be used for future answer report not	al am
For further information c	oncerning this matter, please ca	all:	
HINSTINA Name o	Person	at 868 _ 210 Area Code Daytim	Te Telephone Number (7)
Enclosed is a check for the	ne following amount:		
□ \$25,00 Filing Fee		☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ed Liability Company as it now appears on our records. (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on 0111912023 and assigned
Florida document number \( \begin{align*} 2300003711\text{8} \\ . \end{align*}	And the first on an analysis of
Piorida document number	
This amendment is submitted to amend the following:	
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 I	Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	s)
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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	<del></del>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:

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:

or remo	ved from our records:		
	Manager = Authorized Member		
AMDK -	- Authorized Wember		
TEAL	N	Adduses	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
MBR	Aundriya Sanders	S 7476 Hunters Gr Lakerard FL 33811	lege Cir
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory to cument's effective date on the Department of State's records.	(optio or more than 90 days after f filing requirements, this	iling.) Pu	irsuant to 605.020 I not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a. Lis filed.	.m. on the earlier of: (b)	The 9	0th day after the
ntcd 07/14/2023			
Minstern Tal Signature of a member or authorized representa	ative of a member		
Trinsfina Poe Typed or printed name of signe			<u></u>