L23000269479

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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COVER LETTER

| TO: Registration Se Division of Cor | | | 2023 (1) 11 2 2 |
|--|---|---|---|
| DIAMONI SUBJECT: | DHANDWASHLLC | | (== |
| 30B#GC1: | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | ٥ |
| | KATE GENTILE | Michael W Gi | <u> </u> |
| | DIAMONDHANDWASH | LLC | |
| | | Firm/Company | |
| | 100 US 1 | | |
| | | Address | |
| | NORTH PALM BEACH, | FLORIDA 33408 | |
| | DIAMONDHANDWASH2 | City/State and Zip Code | · · · · · · |
| | | to be used for future annual report notificatio | n) |
| For further information o | concerning this matter, please c | all: | |
| KATE GENTILE | | 973 8651939 at () | |
| Name o | f Person | Area Code Daytime Tele | phone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 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 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

| | . 22 |
|---|---|
| DIAMONDHANDWASHLLC | |
| (<u>Name of the Limited Liability C</u> (A Florida Lim | ompany as it now appears on our records.) mited Liability Company) |
| | 2 |
| The Articles of Organization for this Limited Liability Com | pany were filed on 6/2/2023 and assigned |
| Florida document number L23000269479 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | liability company here: |
| DIAMONDHANDWASHLLC | |
| 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: | 2520 Broad w/ |
| (Principal office address MUST BE A STREET ADDRES | Biveria Beach |
| | 33404 |
| Enter new mailing address, if applicable: | 2520 BROADWAY |
| (Mailing address MAY BE A POST OFFICE BOX) | RIVERIA BEACH, FLORIDA 33404 |
| | |
| | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: MICHAE | L N GINIS II |
| New Registered Office Address: | 228 Hampton Court Enter Florida street address |
| | 17. (1) +000 Florida 334 6 8 |

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

Zip Code

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 removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> WGL. | Name | Address 228 HAmpton COT Jupiter, FL 33458 | Type of Action |
|----------------------|---------------------|--|-------------------------|
| | MICHAEL N GINIS 11' | 9 | |
| | | -12670 MACHIOUCHIWA | Remove |
| | | New address Jupi | Change |
| MGR | TIAGO ANDRE LOPES | 12670 MACHIAVELLI WAY | ∃ Add |
| | | PALM BEACH GARDENS,FL 33418 | □Remove |
| | | | |
| MGR | KATE gentile | 228 Hampton det Jupiter FL 33458 | 2 (Add |
| | 7 | Jupiter FL 33458 | 🗆 Remove |
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| ective date, if other than the reflective date is listed, the date muster. If the date inserted in this blument's effective date on the December 1. | t be specific and cock does not me | annot be prior to eet the applicat | date of filing o | r more than 90 day | (optional) ys after filing.) Po its, this date wil | rsuant to 605.020 I not be listed a |
| ecord specifies a delayed effectiv is filed. | date, but not a | n effective tim | e, at 12:01 a.r | n, on the earlier | of: (b) The 9 | Oth day after the |
| ed | <u> </u> | 2023 | _ • | | | |
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| | Mcha Signature of a mo | IN | Su | ris I | | |

Filing Fee: \$25.00