L23000550015

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2024 JUL 29 PH 5: 54 SECRETARY OF STATE

T. MATTHEWS

JUL 3 ; 2024

COVER LETTER

Div	distration Section Section of Corp			
Ý	DIÀMOND	FINANCIAL GROUP OF FL	LORIDA LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Shannon Stahlin		
			Name of Person	
			Firm/Company	
		1736 Glenwood Rd		
			Address	
		Ann Arbor MI 48104		
		documents@directincorp.co	City/State and Zip Code om	
12 12	£		to be used for future annual report noti	(fication)
		oncerning this matter, please ca		
Shannon Sta			877 2816496 at ()	
	Name of	Person	Area Code Daytım	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
		1		
Reg Div P.C	ling Address gistration S vision of Co D. Box 632' lahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

2024 JUL 29 PM 5 54

DIAMOND FINANCIAL GROUP OF FLORIDA LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears of the records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company we	re filed on 12/13/2023	and assigned
Florida document number 1.23000550015	······································		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability	y company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability C	Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	·	
1	_		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE	BOX)		
	_		
B. If amending the registered agent and/or r		ress on our records, <u>ent</u>	er the name of the new registered
agent and/or the new registered office addres	ss here:		
Name of New Registered Agent:	David Lazbin	····	
New Registered Office Address:			41
		Enter Florida street add	lress
		City	FloridaZip Code
		CHY	хір Соде

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.

DOVID LOZDIN

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Todd Meyers	880 MANDALAY AVE., S612	
		CLEARWATER BEACH, FL 33767	
			□Change
			🗆 Add
			□ Remove
	İ		🗆 Change
			□Remove
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Tective date, if other than t an effective date is listed, the date ofter. If the date inserted in this neument's effective date on the	block does not meet (the applicable s	e of filing or more the	optional (optional on 90 days after tiling aircements, this date) g.) Pursuant to 605.02 g will not be listed
record specifies a delay The 90th day after the r	ved effective date, ecord is filed.	, but not an	effective time,	at 12:01 a.m.	on the earlier
ited July 23)24			
	David	Laz	EDIN representative of a n		

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Filing Fee: \$25.00