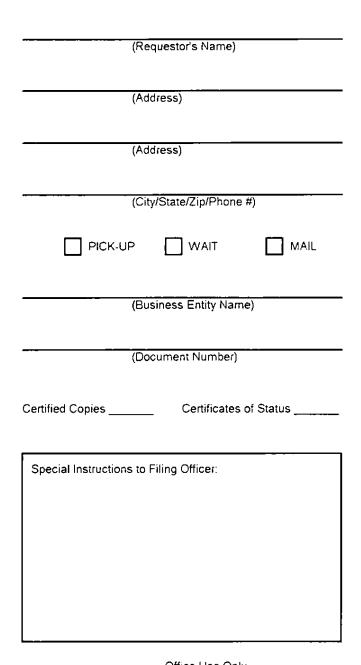
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COVER LETTER

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TO: Registration S Division of Co		·		
DIAMON SUBJECT:	D CLEANNING SERVICES L	LC		
3080ECT	D CLEANNING SERVICES L Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	PRISCILLA PEREZ			
		Name of Person		
	PINNACLE TAXX SOLU	JTIONS OF DELRAY BEACH	INC	
		Firm/Company		
	601 N CONGRESS AVE	SUITE 434		
		Address		
	DELRAY BEACH FL 33-	445		
		City/State and Zip Code		
	priscilla@ptsdelray.com			
For further information (r-mail address: (concerning this matter, please c	to be used for future annual report nall:	iotification)	
PRISCILLA PEREZ		561 732-7201 at ()		
Name (of Person	Area Code Days	time Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing 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 enclose	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S		
Division of C	Corporations	Division of Corporations		
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	f Tallahassee roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DIAMOND CLEANNING SERVICES LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 12/15/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Diamond Prestine Services, LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14823 CUMBERLAND DR 206	
Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH FL 33446	
		024 555
Enter new mailing address, if applicable:	DELRAY BEACH FL 33446	024 HAR - 8
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Add
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			□Change
			□Add
			□Remove
			□Change

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			-	. <u>-</u>		
						
						
Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific a block does not	nd cannot be prior the appl	or to date of filing cable statutory	g or more than 90 filing requiren	(optional) days after filing.) tents, this date	Pursuant to 605.020 will not be listed as
record specifies a delayed effect d is filed.	tive date, but n	ot an effective	time, at 12:01	a.m. on the earl	icr of: (b) The	e 90th day after the
MARCH 6TH		2024				
Dated		<u> </u>	 ·			
		<u> </u>	- CKE	tative of a membe		