

| (Requestor's Name) | |
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| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MA | IL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Diamond shop llc | | | |
|--|------------------------------------|---|-----------------------------------|
| (Name of the Limited | Liability Compa Florida Limited | iny as it now appears on our re Liability Company) | cords.) |
| The Articles of Organization for this Limited Lial | bility Company | were filed on 03\19\2024 | and assigned |
| Torida document number L24000136401 | . | | |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of t | he limited liab | ility company here: | |
| Super pink cleaning IIc | | | |
| The new name must be distinguishable and contain the wor | ds "Limited Liabi | lity Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | ble: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 17200 nw 64 th ave aparta | mento 106 hialeah 33015 florida |
| | | | |
| Enter new mailing address, if applicable: | | 17200 nw 64 th ave aparta | mento 113 hialeah 33015 florida |
| Mailing address MAY BE A POST OFFICE B | <u>OX)</u> | | |
| 3. If amending the registered agent and/or registered office address | | address on our records, <u>en</u> | iter the name of the new regis |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 17200 nw 64 th | ave apartamento 113 | |
| | | Enter Florida street aa | ldress |
| | hialeah | | , Florida <u>33015</u> |
| | | City | Zip Code |

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 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> | Name | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| lf an eff <u>Note:</u> | ive date, if other than the date of filing: O4\12\2024 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| e recor | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated | 04\12\2024 |
| | May Jeney Honsalve Signature of a member or authorized representative of a member |
| | Maydeher Monsalve |
| | Typed or printed name of signee |

Filing Fee: \$25.00