L24000 273342

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phone	e #)
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(Doc	ument Number)	
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COVER LETTER

Tallahassee, FL 32314

TO: Registration So Division of Co							
	DIAMOND TRADERS, LLC						
SUBJECT:	Name of Lim	ted Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	ondence concerning this matter						
	SAAD JERRI						
		Name of Person					
	GLOBAL DIAMOND TR	ADERS, LLC					
		Firm/Company					
	5939 SW 22 STREET						
		Address					
	MIAMI, FL 33155						
		City/State and Zip Code					
	SAADMIAMI@HOTMAII	COM to be used for future annual report not	(ication)				
Englisher information	e-man address. (meanon				
	concerning this matter, prease co						
SAAD JERRI		786 725-6262 at ()					
Name (of Person	Area Code Daytir	ne Telephone Number				
Enclosed is a check for t	the 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 enclosed)				
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Se					
Division of C P.O. Box 633	-	Division of Co The Centre of					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

GLOBAL DIAMOND TRADERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

The Articles of Organization for this Limited Liability Company were filed on 06/11/2014 AHASSEE. FL and assigned Florida document number <u>L24000273342</u> 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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City 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	<u>Address</u>	Type of Action
MGR	SEKHUKHUNE, MASHILA OUP.	5939 SW 22 STREET	□Add
		MIAMI, FL 33155	■Remove
			□Change
			□Remove
			☐ Change
			□Add
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ited		Signatu	re of a membe	r or authorize						

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Filing Fee: \$25.00