# M120000 4922

|                         | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (I/C                    | questor s marrie)  |             |
|                         | (                  |             |
| (Ad                     | ldress)            |             |
|                         |                    |             |
| (Ad                     | ldress)            |             |
|                         |                    |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
| (Bu                     | isiness Entity Nar | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
|                         |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
|                         |                    |             |
| Cassial Instructions As | 500 O#I            |             |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

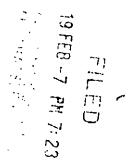
Office Use Only



900322842929

01/15/19--01013--010 \*\*25.00

S. TALLENT FEB 11 2019



| Foreign



January 23, 2019

HENRY BAILEY SPENCER DIAMOND CAPTURE ASSOCIATES LLC 2115 POPKINS LANE ALEXANDRIA, VA 22307

SUBJECT: DIAMOND CAPTURE ASSOCIATES, LLC

Ref. Number: M18000006922

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ATTACHED FOREIGN AMENDMENT FORM AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 019A00001684

Susan Tallent Regulatory Specialist II

RECEIVED
119FEB - 7 PM 183



### DIAMOND CAPTURE ASSOCIATES, LLC

2113 Popkins Lane, Alexandria, VA 22307

Phone: 202-236-9425

February 1, 2019

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ATTN: Susan Tallent Regulatory Specialist

Letter Number: 019A00001648

Dear Ms. Tailent:

Attached please find my corrected Foreign Amendment Form as requested in your response to Letter Number: 019A00001648. As your letter to me of January 23, 2019 indicates, my earlier application included my check for \$25 so | assume | do not need to pay again.

As you requested, I have filled out the amendment form you sent me. The only change requested is for our company's registration in Florida be amended to list me by my full name which is Henry Bailey Spencer. The original registration as a Foreign LLC in Florida omitted my first name and has me registered as Bailey Spencer with Henry omitted. For supporting documentation of this change, I am enclosing a current Certificate of Fact from the Commonwealth of Virginia which is dated as of today, February 2, 2019. In addition, I am enclosing the Virginia Articles of Organization for Diamond Capture Associates, Inc. which show me by my full name — Henry Bailey Spencer.

Hopefully this provides everything you need to make the request name correction. If you have any questions, please don't hesitate to call me at 202-236-9425 or email me at <a href="mailto:bailey.spencer@diamondcapture.com">bailey.spencer@diamondcapture.com</a>.

Thank you,

Henry-Bailey Spencer

<sup>3</sup>artner

Diamond Capture Associates, LLC

### COVER LETTER

| SUBJECT:                                     | DIAMOND G   | PTURE             | ASSOCIAT                          | ES, LLC  |
|--|---|-------------------|-----------------------------------|--|
|  |   |                   | Liability Compar                  |  |
| Dear Sir or Mad                              | am:   |                   |                                   |  |
| The enclosed ap                              | plication, certificate and  | fee(s) are subm   | itted for filing.                 |  |
| Please return all                            | correspondence concern  | ing this matter t | o the following:                  |  |
| HENRY  | BAILEY ST   | PENCER            |                                   |  |
| D/AMO,                                       | V) CAPTURE<br>Firm/Company  | 5 A-5800          | LIATES,                           | LC   |
| 2113   | POPKINS LA  | WE                |                                   |  |
| ALEX   | ANDRIA VA   | Code              | 307                               |  |
| E-mail address                               | 1. Spanær (a)<br>s: (to be used for future o  | diamon o          | Contura,                          | Comi   |
| BRANDON                                      | mation concerning this n  | •                 |                                   | - 7003<br>Telephone Number   |
| Registra<br>Divisior<br>Clifton  <br>2661 Ex | I/COURIER ADDRES tion Section of Corporations Building ecutive Center Circle see, Florida 32301 | S:                | Registrat<br>Division<br>P.O. Box | NG ADDRESS:<br>tion Section<br>of Corporations<br>k 6327<br>see, Florida 32314 |
| Enclosed is a cl                             | neck for the following and the San Filing Fee Certificate of San Filing Fee                     | · & □ \$5         | 5 Filing Fee & ertified Copy      | S60 Filing Fee, Certificate of Status & Certified Copy                         |

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION I (1-4 must be completed)

| 1. Name                                     | of limited liability Con  | ipany as it appears on   | the records of the Florida   | Department of                                |                             |
|---|---|--|--|--|-----------------------------|
| State: _                                    | DIAMOND   | CAPTURE  | ASSOCIATE  | ES, LLC                                      |                             |
| Enter new                                   | principal office addre  | ss, if applicable:   |  |  |                             |
|   | <u>l office address</u><br>E <u>A STREET A</u> DDRE                 | <u></u>  |  | <del></del>                                  | 19 FI                       |
| (Mailing                                    | mailing address, if ap<br><u>address</u><br><u>A POST OFFICE BO</u> |  |  |  | E8 -7 PM 7: 23              |
| 2. The Flo                                  | orida document numbe  | r of this limited liabili  | ty company is:   | <u>8000006</u>                               | 3922                        |
|   | ction of its organizatio  |  |  |  | <del>.</del>                |
| 4. Date a                                   | uthorized to do busines   | ss in Florida:   | 23/2018  |  |                             |
| SECTIO                                      | N II (5-9 complete on   | ly the applicable cha  | nges)  |  |                             |
| 5. New n                                    | ame of the limited liab   | ility company:(must co   | ntain "Limited Liability Co  | ompany, " "L.L.C.," (                        | or "LLC.")                  |
| copy of th                                  |   | e managers or manag  | the purpose of transacting ing members adopting the approximation "LLC.")  |  |                             |
|   | nding the registered age<br>agent and/or the new t                  |  | fficer address on our records here:  | ds, enter the name of                        | the new                     |
| Name of 1                                   | New Registered Agent  |  |  |  |                             |
| New Reg                                     | stered Office Address:  |  | Enter Flori  | da Street Address                            |                             |
|   |   |  |  |  |                             |
|   |   |  | City   | , Florida<br>Zip                             | Code                        |
| I hereby of the provise and accept document | tions of all statutes relo<br>to the obligations of my              | as registered agent a<br>utive to the proper and<br>position as registere<br>y reflect a change in t | nd agree to act in this cape<br>I complete performance of<br>I agent as provided for in<br>he registered office addres | my duties, and Lam ,<br>Chapter 605, F.S. Or | familiar with<br>r, if this |

| Title/ Capacity | ECTION      | Name                   | UST  | ruce                                 | Addre       |              | 1110700     | Type of Action |
|-----------------|-------------|------------------------|--|--------------------------------------|-------------|--------------|-------------|----------------|
| •               | BALL        |                        | SPENCER  |                                      |             |              |             | Add            |
|                 |             |                        |  | NA                                   | NE COR      | 2E CT/       | الأه        | Remo           |
| NER_            | HENRY       | BAIL                   | EY SPEI  | VCER_                                | the u       | SE Fu        | LLN         | ME JAdd        |
|                 |             |                        |  |                                      |             |              |             | Remo           |
|                 |             |                        | <del></del>  |                                      |             |              |             | Add            |
|                 |             |                        |  |                                      |             |              |             | Remo           |
| ····            |             |                        |  |                                      |             |              |             | Add            |
|                 |             |                        |  |                                      | <del></del> | <del>-</del> | <del></del> | Remov          |
|                 |             |                        |  |                                      |             | <u></u> _    |             | Add            |
|                 | ied amendme | ent(s), du<br>of which | ly authenticated a this entity is of the sentity is of the sentity is of the sentity is of the sentity in the sentity is of the sentity in the sentity in the sentity is of the sentity in the sentity in the sentity is of the sentity in the sentity in the sentity is of the sentity in the sentity in the sentity is of the sentity in the sentity in the sentity is of the sentity in the sentity in the sentity is of the sentity in the sentity in the sentity is of the sentity in the sentity in the sentity in the sentity in the sentity is of the sentity in the sent | by the office gan ked, of the author |             | tative       | cords in th | Remo           |

Filing Fee: \$25.00