P03000010989

| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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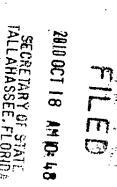
Office Use Only



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10/18/10--01039--018 **35.00

EFFECTIVE DATE



Amend

2

OCT 2,0 2010

COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|---|------|
| NAME OF CORPORATION: DIAMOND ENTERPRISES, INC | |
| DOCUMENT NUMBER: <u>P030000/6989</u> | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| DAVID POHINGER Name of Contact Person | |
| Diamond Enterprises, Firm Company | |
| 422 Delmonte ROAD, Suite B | |
| Sebantian FL 32958 | |
| Sebartian FL 32958 City/ State and Zip Code Aigmond pot D As L Com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| TAVID Pottingel at (772) 538-6075 Name of Contact Person at (772) Area Code & Daytime Telephone Number | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | |
| \$35 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certificate of Status}\$\$ \$\ \text{Certified Copy} \ (Additional copy is enclosed)\$\$ \$\ \text{Certified Copy} \ (Additional Copy is enclosed)\$\$ \$\ \text{Certified Copy} \ (Additional Copy is enclosed)\$\$ | sed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle | |

Tallahassee, FL 32301

| | EFFECTIVE DATE |
|--|---|
| Articles of Amen | dment 10-25-10 |
| to Articles of Incorp. | austion A.// |
| of | Juanon William C. A. |
| \mathcal{T} | oration Alloco Florida Dept. of State |
| Name of Corporation as currently filed with the | Florida Part of State |
| | Florida Dept. of State) Florida Dept. of State (if known) |
| <u> </u> | |
| (Document Number of Corporation | (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, amendment(s) to its Articles of Incorporation: | |
| A. If amending name, enter the new name of the corporation: | |
| $\mathcal{N}(\Delta$ | TI. |
| name must be distinguishable and contain the word "corpora | tion." "company." or "incorporated" or the |
| abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp, | " "Inc," or "Co". A professional corporation |
| name must contain the word "chartered," "professional association | 1," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| - | ' |
| | |
| C. Enter new mailing address if anticable. | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | $\sim 10^{-10}$ |
| | |
| _ | |
| D. If amending the registered agent and/or registered office add | |
| new registered agent and/or the new registered office addres | |
| Name of New Registered Agent: Derek | Rudasil |
| ~ | A := 0 |
| New Registered Office Address: (Florida s | street address) |
| | |
| (Cita) | SANC (Zip Code) |
| (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agen | |
| I hereby accept the appointment as registered agen. I am familiar | with and accept the obligations of the position. |
| W-erit | TKNdasul |
| Signature of New Reg | gistered Agent, if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

| Title)resident | Name Derek Ru | udasil | Address 422 Svite Sebattam | De monte RD B FL 32958 | | e of Action Add Remove |
|-------------------------------|--|--------------------|-----------------------------------|--|----------------|------------------------------|
| | | | | | | Add Remove |
| | | | | | | Add Remove |
| E. II amending (attach additi | or adding additional ional sheets, if necessa | Articles, enter ch | nange(s) here | | | |
| provisions | dment provides for an for implementing the pplicable, indicate N/A | amendment if no | ssification, or t contained in | cancellation of issu the amendment it | ied s self: | hares, |
| | | M/A | | | | |
| | | | | | | |

| The date of each amendment(s | |
|--|---|
| Effective date <u>if applicable</u> : _ | October 25,2010 |
| (| (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval. |
| | approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval |
| by | voting group) |
| The amendment(s) was/were action was not required. | adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated | 1/18/2010 |
| selec | a director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
| | DAVID R Pottinger (Typed or printed name of person signing) |
| | DAVID R POHINGER |