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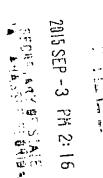
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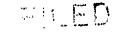
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DIGHOND COrner 11, Inc.
OCUMENT NUMBER: P 15000031/28
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following
Jose L Ortiz Rivera Name of Contact Person Diamond Corner II, Inc. Firm/Company 250 Wilshire Blud Ste. 114 Address Casselberry, FL 32707 City/State and Zip Code Carreras Miguel 0819@ gmail. com E-mail address. (to by used for future annual reportantification)
or further information concerning this matter, please call. Tosa 1 Oction 2016
Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State.
\$35 Filing Fee Sertificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address Annualment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to



Articles of Incorporation of

2015 SEP -3 Pi 2: 16

to

VIAMOND COPPLET	11, Inc. organization All
(Name of Corporation as curren	ntly filed with the Florida(Dept. of State) 🔭 ធឺក៏ម៉េ 🧸
P 1500003	3//28
(Document Number	of Corporation (If known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thats Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered." "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	250 Wilshire Blud. Ste 114
	Casselberry, Fl 32707
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	250 Wilshive Blud
	Ste 114 Casselberry Fl 32707
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position
Signature of New	Registered 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT John D	<u>eoe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Huhammad Saeed	2427 Statler Que.
Add			Spring Hill, FL 34603
X Remove			
2)Change	P	Jose L Ortiz Rivera	
X Add			Ste. 114
Remove			Casselberry, Fl 32701
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
<u> </u>	

The date of each amendment(s) add late this document was signed.	ption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this dat	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(sicient for approval)
	oved by the shareholders through voting groups. The following statementach voting group entitled to vote separately on the amendment(s):	И
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	8/25/15	
Signature		
(Hy a dire	ector, president or other officer - if directors or officers have not been	
and the second s	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
_	Jose L Ortiz Rivers (Typed or printed name of person signing)	<u></u>
	(Typed or printed name of person signing)	
	President	
_	(Title of person signing)	