

L11000094234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

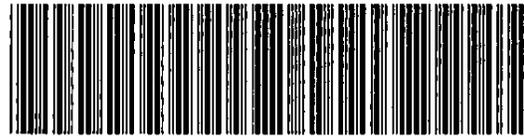
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B. KOHR

AUG 23 2011

EXAMINER



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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 AM 10:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diversified Medical llc
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Grama

Name of Person

Diversified Medical llc

Firm/Company

2347 Waburton Terrace

Address

Wellington, FL 33414

City/State and Zip Code

DIVERSIFIEDMEDICALLLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

FILED STATE'S
SECRETARY OF CORPORATIONS
11 AUG 22 AM 10:19
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JASON

Name of Person

at (347)

865-4575

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

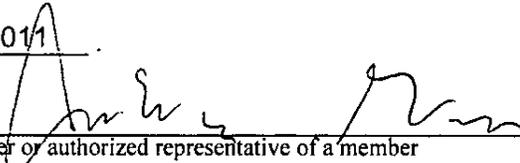
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Grama, Jason	2347 Waburton Terr Wellington Fl 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ovey, Jason Grama	2347 Waburton Terr Wellington Fl 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Meier, Johnny	2615 SR 7 Wellington Fl 33414	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Meier, Johnny	2615 SR 7 Wellington Fl 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 8/18, 2011



Signature of a member or authorized representative of a member

Johnny Meier

Typed or printed name of signee