

L110VV094234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

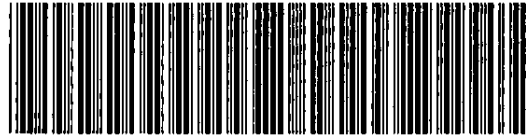
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B. KOHR

AUG 23 2011

EXAMINER



900211273049

08/22/11--01007--001 **25.00

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
SECRETARY OF CORPORATIONS
11 AUG 22 AM 10:19

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Diversified Medical llc.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 22 AM 10:13

The Articles of Organization for this Limited Liability Company were filed on 8/17/2011 and assigned
Florida document number L11000094234.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: Johnny Meier

New Registered Office Address: 2615 SR 7

Enter Florida street address

Wellington

Florida

33414

City

Zip Code

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

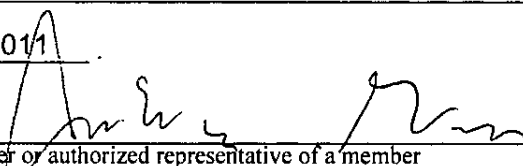
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

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