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J. SAULSBERRY EXAMINER

MAY 9 2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DYMOND HEALTHCARE SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/05/2012 and assigned Florida document number L12000140447 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DYMOND UNIQUE SERVICES LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2107 NW 23RD BLVD Enter new principal offices address, if applicable: **SUITE DD197** (Principal office address MUST BE A STREET ADDRESS) GAINESVILLE.FL 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	formation, enter change(s) here: (Attach additional sheets, if necessary.)
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	Signature of a member or authorized representative of a member
ZINA T DU	RR
	Typed or printed name of signee

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