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FIRM and AFFILIATE OFFICES

DAVID A. KAHN DIRECT DIAL: +1 305 960 2219 PERSONAL FAX: +1 305 675 8363 E-MAIL: dakahn@duanemorris.com

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#### **VIA CERTIFIED MAIL**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Diolife LLC - Articles of Amendment to Articles of Organization

Dear Sir/Madam:

Please find enclosed check #2593 in the amount of \$25.00 with respect to this filing of Articles of Amendment to Articles of Organization of Diolife LLC (Document Number L13000109008).

Also enclosed is a self-addressed stamped envelope for the letter of acknowledgement for your convenience.

Thank you for your attention.

Sincerely,

David A. Kahn

DK/smb Enclosures

## **COVER LETTER**

	ision of Corp					
SUBJECT:	Diolife LLC					
oomet.	<del></del>	Name of Limi	ited Liability Company			
The enclosed	d Articles of A	amendment and fee(s) are subt	nitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		David Kahn, Esq.				
			Name of Person			
		Duane Morris LLP				
Firm/Company						
		200 S. Biscayne Blvd., Suite 3400				
			Address	······································		
		Miami, FL 33131				
			City/State and Zip Code			
		dakahn@duanemorris.com				
		·	to be used for future annual report notifi-	cation)		
For further i	information co	encerning this matter, please ca	all:			
George W.	Gill		954 829-8209			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00	Filing F <b>ee</b>	□ \$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

d Liability Compa A Florida Limited I	ny as it now appears on our re Liability Company)	cords,)
ability Company	were filed on August 1, 20	13 and assigned
wing:		
the limited liab	ility company here:	
ords "Limited Liabil	lity Company," the designation	'LLC" or the abbreviation "L.L.C."
ıble:	1507 N, State Road 7	201 TAI
(ADDRESS)	Suite D	LAR M
	Margate, FL 33063	Non-FRY
	•	SET O
	1507 N. State Road 7	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		102.
•	Margate, FL 33063	72
fice address her	<u>e</u> :	ords, enter the name of the new
1607 N. Casa I	Donal 7. Cruito D	· · · · · · · · · · · · · · · · · · ·
1307 N. State P		ddress
Margate	22.100. 2 100.000	, Florida <sup>33063</sup>
<del></del>	City	Zip Code
	ability Company wing: the limited liab ords "Limited Liabil able: TADDRESS) or registered of fice address her George W. Gill 1507 N. State I	the limited liability company here:  ords "Limited Liability Company," the designation of the limited Liability Company," the designation of the limited Liability Company," the designation of the limited Liability Company, the designation of the liability Company, the liability Company, the designation of the liability Company, the liability Company, the liability Company, the designation of the liability Company, the liability Compa

### 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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	George W. Gill	1507 N. State Road 7	■ Add
		Suite D	
		Margate, FL 33063	· □ Change
MGR	Jeremy Van Fleet	4330 NE 17th Avenue	Add
		Fort Lauderdale, FL 33334	Remove
			□ Change
			□ Add
			□ Remove
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			ABE AND Remove SELV PI
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			□ Remove
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If amending any other inform	nation, enter change(s) here: (Atto	ach additional sheets, if neces	ssary.)
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Note: If the date inserted in this document's effective date on the	red effective date, but not an e	atutory filing requirements, this	date will not be listed as t
Dated May 14	2015		
	Kanh	HIM	
	Signature of a member of authorized	presentative of a member	2015 MAY
George W. Gill			MAY I RETAI AHAS
	Typed or printed name	of signce	0 C
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	Page 3 of 3	3	PH I2: 22 DE STATU SELORIO