

L23000368286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

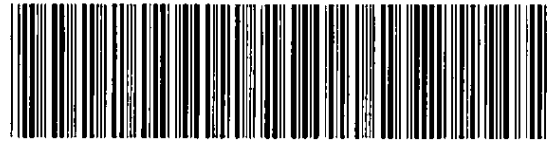
(Document Number)

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OCT 1 / 2023

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10/09/23--01021--001 \*\*25.00

FILED  
23 OCT -9 PM 5:07  
CLERK OF SUPERIOR COURT  
JULIA A. GIBLIN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIAMOND HEALTH MEDICAL CENTER 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:

YISEL MORALES

Name of Person

Firm/Company

10300 SUNSET DR STE 310

Address

MIAMI, FLORIDA 33173

City/State and Zip Code

YD@HORTASASSOCIATES.COM

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

For further information concerning this matter, please call:

YISEL MORALES 786 290-8401  
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 310  
Tallahassee, FL 32310

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DIAMOND HEALTH MEDICAL CENTER LLC

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

FILED  
23 OCT -9 PM 5:07  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/03/2023 and assigned Florida document number L23000368286.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

YISEL MORALES

10300 SUNSET DR STE 310, MIAMI, FLORIDA 33173

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

10300 SUNSET DR STE 310, MIAMI, FLORIDA 33173

**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:

YISEL MORALES

New Registered Office Address:

10300 SUNSET DR STE 310

*Enter Florida street address*

MIAMI


*City*

Florida 33173

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	DAMYER QUINTANA PARADE	18485 SW 107 AVE	<input type="checkbox"/> Add
		MIAMI, FL 33177	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YISEL MORALES	10300 SUNSET DR STE 310	<input checked="" type="checkbox"/> Add
		MIAMI ,FLORIDA 33173	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

 Signature of a member or authorized representative of a member

Typed or printed name of signer