

M24000007241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

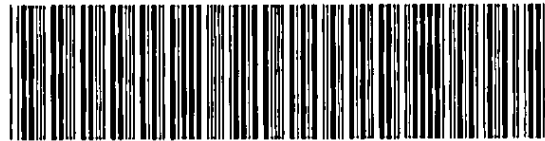
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
FEB - 6 2025

Office Use Only



000443764240

FILED

2025 FEB - 5 AM 10:24

RECEIVED

2025 FEB - 5 PM 3:19



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Ben Bolen  
Ext:  
Date: 02/05/25  
Order #: 1816834-1  
Re: DIOSS LLC  
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Ben Bolen", is written over the typed name.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$50 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing,  
please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIOSS LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deisell M Donahoe  
Name of Person

DIOSS LLC  
Firm/Company

777 Brickell Ave STE 500 PMB 1003  
Address

Miami, FL 33131  
City/State and Zip Code

finance@diossllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deisell M Donahoe at ( 702 ) 381-3846  
Name of Person Area Code & Daytime Telephone Number

**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 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DIOSS LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

777 Brickell Ave STE 500

Miami, FI 33131

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

777 Brickell Ave STE 500 PMB1003

Miami, FI 33131

2. The Florida document number of this limited liability company is: M24000007241

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/06/2024

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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*

\_\_\_\_\_, **Florida**  
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 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove Dr. Howard Gitlow and Gina Davis (see below). Correct the name Dr. Deisell Martinez Doanhoe to Deisell M. Donahoe. Change the address for Deisell M. Donahoe and Tim Pierce to the new mailing address listed above:  
777 Brickell Ave STE 500 PMB 1003, Miami, FL 33131

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Dr. Howard Gitlow	1050 E Flamingo Road PMB1635	<input type="checkbox"/> Add
		Suite 107, Las Vegas, NV 89119	<input checked="" type="checkbox"/> Remove
Manager	Gina Damon	1050 E Flamingo Road PMB1635	<input type="checkbox"/> Add
		Suite 107, Las Vegas, NV 89119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Deisell M. Donahoe

Typed or printed name of signee

Filing Fee: \$25.00

AMEND-66580