6/10/2020

Division of Corporations

Florida Department for the Division of Chapter Shedi

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001753963)))



H200001753963ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

michael@labservices.us

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LABSTAT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

O SHUP.

JUN 1 1 2020

Fax Audit # H20000175396 3

ARTICLES OF AMENDMENT 10 PH 12: 32 TO ARTICLES OF ORGANIZATION OF

Labstat, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Fforda Limited Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000127039</u>	were filed on <u>7/24/2015</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company." the design	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable;	1901 Floyd Street, Suite 301		
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34239		
Enter new mailing address, if applicable:	1901 Floyd Street, Suite 301		
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34239		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:			
	, Flori	da	
		wije word	

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 filled 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

Page 1 of 3

· ·

Fax Audit # H20000175396 3

If amending the Managers or Authorized Member on our records. Authorized Member being added or removed from our records:	enter the title, name, and address of each Manager or 2020 JU!! 10 Pil 12: 32
MGR = Manager AMBR = Authorized Member	

Title	<u>Name</u>	Address	Type of Action
MGR	Lab Services LLC	1712 Pioneer Ave, Ste. 500	X Add
		Cheyenne, Wyoming 82001	Reinwe
		·	
MGR	A & S Medical Management LLC	5202 IVYSTONE CT	Add
		SUGAR LAND, TX 77479	X
			Auki
			Renkove
			·
· · · · · · · · · · · · · · · · · · ·			Add
			Resnove
wa-r-w-r-w-			Add
			Remove
•			Add
			Remove

Fax Audit # H20000175396 3

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2020 JUN 10 PH 12: 32
E. Effective (If an effective	date, if other than the date of filing:
	MAY 3 2020
	Signamic of a member of authorized remesentative of a member
	Michael Fitch, Member of Lab Services LLC, Manager Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00