## K24561

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C. BRUMBLEY

## COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Florida Family Laboratory, INC DOCUMENT NUMBER: K26561 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Suren Musheyev Name of Contact Person Firm/ Company 7290 Southwest 42nd Street Address Miami, Florida 33155 City/ State and Zip Code suren@smdiagnosticsllc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Suren Mushevey Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee &. □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

Florida Family Laboratory, INC

(Name	of Corporation as currer	itly filed with the Flori	da Dept. of State)	
K26561				
	(Document Number	of Corporation (if know	m)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corpor	ation adopts the following amer	ndment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A				new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cartered," "professional association,"	Corp." "Inc." or "Co".	A professional corpor		
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			20 57	<del></del>
			21 0	
			2	
C. Enter new mailing address, if appl		N/A		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )		3	<u> </u>
			9:5	<u>U</u>
			96	
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter	the name of the	9
new registered agent and/or the ne			<del> </del>	
Name of New Registered Agent	Suren Musheyev	· · · · · · · · · · · · · · · · · · ·		
- · · · · · · · · · · · · · · · · · · ·	7290 Southwest 42nd Str	rect		
	(Florida :	street address)	<u> </u>	
New Registered Office Address:	Miami		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ligations of the position.	
STOR	6- Hotastery	JC		
	Signature of New	Registered Agent, if cha	inging	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: $\underline{X}$ Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
<u>X</u> Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	MGMR	Nicholas Alberino	2840 Northwest 2nd Avenue
Add			Suite 201
X Remove			Boca Raton Florida 33432
2) Change	MGMR	Suren Musheyev	7290 Southwest 42nd Street
X Add			Miami , Florida 33155
Remove 3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

(Attach aa	ing or adding additic Iditional sheets, if nec	essary). (Be spec				
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16			)	Dadan Cinn	. <b></b>	
provisio	ndment provides for ns for implementing	the amendment if				
(if n	ot applicable, indicate	? N/A)				
					· · · · · · · · · · · · · · · · · · ·	
			•		·	

The date of each amendment(s date this document was signed.	adoption:, if other than the
Effective date <u>if applicable</u> :	
<u> </u>	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes co	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
	director president or other efficer – indirectors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	Nicholas Alberino
	(Typed or printed name of person signing)
	MGMR
	(Title of person signing)