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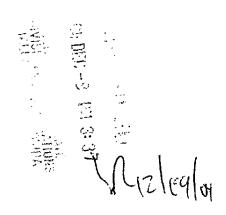
(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Ellis) Name)
(Document Number)
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TRANSMITTAL LETTER

Division of Co	•		
SUBJECT:	- A Diagnostics (Name of Li	LL C	
	(Name of Li	mited Liability Company)	
The enclosed Articles a	f Amendment and fee(s) are sul	omitted for filing	
Please return all corresp	ondence concerning this matter	to the following:	
_	LARRY 6A	Name of Person)	····
		Name of Person)	
	JLA DIAGN	ostics LLC	
	(Firm/Company)	
	1616 CART	ER DAKS DRIVE	
		(Address)	
	VAVPICA	72 CGA	
	(City)	State and Zip Code)	
	(4.3		
For further information	concerning this matter, please of	eall:	
LARR	MGRANT	at (813) 417 - (Area Code & Daytime	9986
	(Name of Person)	(Area Code & Daytime	: Telephone Number)
Enclosed is a check for the	following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee &	\$55,00 Filing Fee &	3 \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(ádditional copy is enclose

ŚTŔĒĒŤ AĎDRĒŚŠ:

Registration Section

TO:

Registration Section Division of Corporations 409 E. Gäines Street Tallahassee, Florida 32399

MAILING AÐÐRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ÕF

	JAA	DIACHOST	105	uc		
		(A Florida	(Present Na Limited Lia	ame) bility Compa	iny)	
FIRST:	The Articles of Org document number	ganization were filed of LD 4 DD 000	on 01/3	21/2000 2	and assigned	
SECOND:	The following a liability company:	mendment(s) to the	Articles of	of Organiza	tion was/were adopted b	y the limited
	(REMOVE	220	AGER	MEMBER	
		DA	ER, 1	>UTHO	V4 G.	
		165	810	HARRI	oy G. Erridge Pl	
		LI	THIA	FL	33547	
			`		230(7	
4						
Dated	ecenser 9	. 20	04.			
	P					
		ignature of a member of	x− or authorize	d representat	ive of a member	
	1					
	L	may M. GR	₩\T	me of signee		 -
		i yped o	o printed na	me of signee		

Filing Fee: \$25.00