

L07000118215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

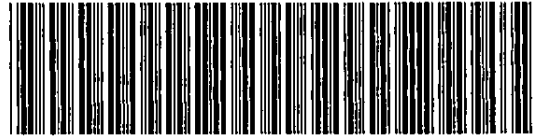
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Special Instructions to Filing Officer:

**A. LUNT**  
OCT 24 2012  
**EXAMINER**

Office Use Only



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10/22/12--01052--009 \*\*25.00

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2012 OCT 22 PM 3 14  
TAMPA, FLORIDA  
CLERK OF COURT



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Contact@BretJonesPA.com

**SENT BY REGULAR U.S. MAIL**

October 15, 2012

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Covenant Healthcare Lab, LLC  
**Articles of Organization's amendment**

FILED  
2012 OCT 22 PM 3 14  
TALLAHASSEE, FLORIDA

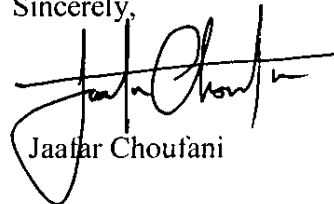
Dear Sir or Madam:

Enclosed for recording please find the amendment of the Articles of Organizations of Covenant Healthcare Lab, LLC.

Our firm check in the amount of \$25.00 is enclosed to cover the expense of recording this document. We have also enclosed a self-addressed, stamped envelope for your convenience in returning letter of acknowledgment to our office.

Thank you for your assistance in this matter.

Sincerely,



Jaafar Choufani

JC/ms  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COVENANT HEALTHCARE LAB, 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:

JAAFAR CHOUFANI

Name of Person

BRET JONES P.A.

Firm/Company

700 ALMOND STREET

Address

CLERMONT, FL 34711

City/State and Zip Code

JCHOUFANI@BRETJONESPA.COM

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

For further information concerning this matter, please call:

JAAFAR CHOUFANI

Name of Person

at ( 352 )

394-4025

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

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

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
2012 OCT 22 PM 3:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

**COVENANT HEALTHCARE LAB, LLC**

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

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2012 OCT 22 PM 3:14  
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The Articles of Organization for this Limited Liability Company were filed on 11/20/2007 and assigned  
Florida document number L07000118215.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 4290 S. HIGHWAY 27  
SUITE 201  
CLERMONT, FL 34711  
*(Principal office address MUST BE A STREET ADDRESS)*

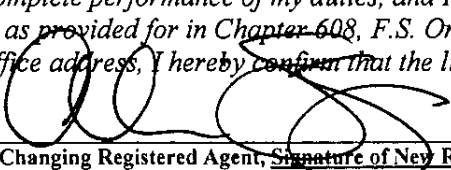
Enter new mailing address, if applicable: 4290 S. HIGHWAY 27  
SUITE 201  
CLERMONT, FL 34711  
*(Mailing address MAY BE A POST OFFICE BOX)*

**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: BRET JONES, P.A.  
New Registered Office Address: 700 ALMOND STREET  
*Enter Florida street address*  
CLERMONT, Florida 34711  
*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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

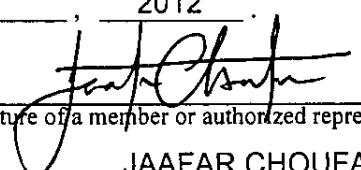
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Aurora Diagnostic, LLC	11025 RCA CENTER DRIVE SUITE 300 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DAVIAN SANTANA	4290 S. HIGHWAY 27 SUITE 201 CLERMONT, FL 34711	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated SEPTEMBER 13, 2012

  
Signature of a member or authorized representative of a member

JAAFAR CHOUFANI

Typed or printed name of signee

FILED  
OCT 22 PM 3:16  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA