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## Division of Corpogations Electronic Silling Government #3.43 1 00 1/00 8

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From:	Account Name : LA Account Number : 12 Phone : (3)	ZARUS CORPORATE FILING SERVICE,	RECE  12 AUG 20  SECRETARY TALLAHASSE
annu	ne email address for al report mailings. E L Address:	this business entity to be used Enter only one email address ple	for future 32 of the control of the

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELITE DIAGNOSTIC LABORATORIES, LLC

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## H12000208681

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ĺ	ELITE DIAGNOSTIC LABORATORY, LLC				
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
	icles of Organization for this Limited Liability Company were filed on				
	tendment is submitted to amend the following:				
A. IT a	mending 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				
Enter	new principal offices address, if applicable:				
(Princi	pal office address MUST BE A STREET ADDRESS)				
1	new mailing address, if applicable:  ag 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 red agent and/or the new registered office address here:				
]	Name of New Registered Agent:				
.	New Registered Office Address:				
Enter Florida street addres					
1					
Now D	gistered Agent's Signature, if changing Registered Agent:				
145 A. W.	CONTRACTOR OF A CONTRACTOR OF THE CONTRACTOR AND A CONTRACTOR OF THE CONTRACTOR OF T				

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

Page 1 of 2

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A- 1.

If amend	ing the Managers or Managing Members on our records, sufer the title, name, and address of each Manager
	ging Member being added or removed from our records:

	Manager = Managing Member	# • · · • • · · ·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
	MARIA REVOREDO		Add Linove
	Ruben D. O' FARRIL		Add Li Kemove
	Pedro Benitez		☐ ∧dd ☐ Kemove
MGR	ERIBERTO TORRES	9854 SW 8th ST # 2 HIGMI, FL 33174	202 PAdd Remove
M6R	HAYDEE LOPEZ ARTAMEN	101 17421 SW48th ST. Southwest Ranches, FL.	Add Remove
MGR	ANTOLIN BENITEZ	4111 5w 47th AVC. STE Davie, FL 33314	33/ Add
D. If an	ending any other information, enter change	(s) here: (Attach additional sheets, if neces	esary.)
			12 AUG
Dated _	July 31, 20	<u>12</u> .	20 AM
•	Signature of a member of	or authorized representative of a member	
	ERI	BERTO TORRES or printed name of signee	RIDA
	Typed o	Page 3 and	

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