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SECRETARY OF STATE

J. BRYAN

- NOV 17 2009

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Eclipse Medi	cal Diagnostics LLC	,
SUBJECT:		ted Liability Company	- SECRI
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	HASSE P
Please return all corres	pondence concerning this matter	to the following:	OS NOV 16 PM 12: 33 SECRETARY OF STATE FALLAHASSEE, FLORIF
		Mario Treto Name of Person	
	Eclips	e Medical Diagnostics LLC	
		Firm/Company	
	429	Lenox Ave., Ste. 4C20	
		Address	
	M	iami Beach, FL 33139 City/State and Zip Code	·····
	mi	chael@eclipsedx.com	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please of	call:	
	Krawitz or Mario Treto	at (_786)999-	· · · · · · · · · · · · · · · · · · ·
Name	e of Person	Area Code & Daytime Telep	none Number
Enclosed is a check for	r 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)
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER A. Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Eclipse Medical Diagnostics LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi	lity Company were filed on _	January 20, 2009 and assigned
Florida document number L090000607	' 2	
	·	
This amendment is submitted to amend the followi	ng:	
A 16 amounting many anton the name and the	a limited liability company b	
A. If amending name, enter the new name of th	e minted napinty company n	<u>ere</u> :
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Com	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B 70 N 11 N 14 N 14 N		of the man
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.		Enter Florida street address
		. Florida
•	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 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> Type of Action MGRM Michael Krawitz **☑** Add 429 Lenox Ave., Ste. 4C20 Miami Beach, FL 33139 Remove ☐ Add ☐ Remove ☐ Add Remove ∏ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated authorized representative of a member Mario Treto Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00