

LO9000050398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

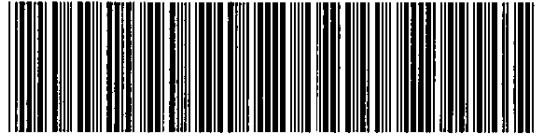
(Business Entity Name)

(Document Number)

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00 JUL -6 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O. JUL -7 2009

June 2, 2009

Florida Department of State  
Division of Corporations

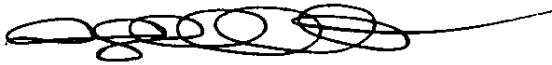
Re: Decisive Diagnostics, LLS, 27-0256319

To Whom It May Concern:

Attached is the form changing our personal representative and adding Andrea Gellert as a member of the LLC.

Please send any and all related correspondence to Andrea Gellert at  
7094 Davit Circle, Lake Worth 33467.  
The phone number is (954)709-7098

Thank you,

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

Andrea Gellert  
Representative/Member

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Decisive Diagnostic L.L.C.  
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:

Andrea Gellert

Name of Person

Firm/Company

7094 Davit Circle

Address

Lake Worth, FL 33467

City/State and Zip Code

agellert@wealthstrategiesboutique.com

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

For further information concerning this matter, please call:

Andrea Gellert

Name of Person

at ( 954 ) 709 7098

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Decisive Diagnostic L.L.C.

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

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TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 26, 2009 and assigned  
Florida document number 300156101053.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7094 Davit Circle, Lake Worth, FL 33467

**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:

Andrea Gellert

New Registered Office Address:

7094 Davit Circle

*Enter Florida street address*

Lake Worth

*City*

, Florida

33467

*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	Andrea Gellert	7094 Davit Circle Lake Worth, FL 33467	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

X \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Andrea Gellert  
 Typed or printed name of signee