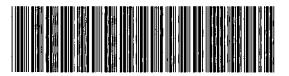
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T. CLINE AUG 3 1 2009 EXAMINER



Tel. (305) 662-1422 • Fax: (305) 662-1423 1501 Venera Avenue • Suite 201 • Coral Gables, FL 33146

August 26, 2009

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

Re: Aricles of Amendment for Prevention Diagnostics, LLC

Dear Madam/Sir:

Enclosed please find cover letter and Articles of Amendment for the referenced LLC. I am also enclosing my check in the amount of \$30.00 for the filing fee and certificate of status.

Thank you for your assistance and please contact me should you require anything further.

Sincerely,

Matt D. Goldman, Esq.

COVER LETTER

TO:	'Registration Section Division of Corporations
SUBJI	ECT: Presention Diagnostics LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Matt D boldman Esq Name of Person Matt D boldman P.A. Firm/Company 1501 Venera Are Ste 201 Address Coral Gables FC 33/46 City/State and Zip Code Mdapa @ aol. com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call: Matt Goldman 135, 662-1422
_/	
	Name of Person Area Code & Daytime Telephone Number and the distance of Person Area Code & Daytime Telephone Number and the following amount: and foll

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

Prevention Diag	mostics L	4
(Name of the Limited Liability Compart (A Florida Limited L	iy as it now appears on our	records.)
The Articles of Organization for this Limited Liability Company	were filed on Janus	20, 2009 and assigned
The Articles of Organization for this Limited Liability Company Florida document number	94	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Preventech Diagno	stics LLC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	nla	۲ 2
(Principal office address MUST BE A STREET ADDRESS)		EM E
(17) Spar office anniess is a series of the		5 5
		S. 28
Enter new mailing address, if applicable:	11/9	
(Mailing address MAY BE A POST OFFICE BOX)		
1/100000 total 1/1/1/2 22 11 1 02 1 1 1 02 2 0 1 1 1 02 2 0 1 1 1 0 2 2 0 1 1 1 1		23
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, enter the name of the new
	1	
Name of New Registered Agent:	19	
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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Name** <u>Address</u> Type of Action ☐ Add Remove ☐ Remove Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) 23 Signature of a member or authorized representative of a member 60 dua Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00