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MAY 13 2014 J. HARRIS

COVER LETTER

TO:		ration Secti on of Corpo						· ,
SUBJE	CT:	AROC	HO	PATHO	LOGY	DIAGN	ostics	سدد
				Name of Limi	ited Liability C	ompany		
The enc	losed A	rticles of An	nendment and	d fee(s) are subi	mitted for fili	1g.		
Please r	eturn all	correspond	ence concern	ing this matter (to the following	ng:		
			-	JAMES	A TO	20040		
					Name of	Person		
			AFOCITI	D PATH	مصووبه	DIKENO	STICS	سدر
					Firm/Co	ompany		
			595	N. NOVK	PD	SVITZ	. 118	
					Addı	ress		
			ORMO	WD BE	ACH =	FL	3217	f
					City/State an	d Zip Code	· · · · · · · · · · · · · · · · · · ·	
		-	I	E-mail address: (t	o be used for fi	iture annual repoi	rt notification)	
For furt	her infor	mation cond	cerning this n	natter, please ca	ıll:			
14.	NZS	AR	o cito,		at (<u> </u>	86) 45	53.54	28
		Name of Pe	erson		Area	a Code D	aytime Telephor	ne Number
Enclose	d is a ch	eck for the f	ollowing am	ount:	•			
V \$ 25.	.00 Filin	g Fee	□ \$30.00 Fil Certifica	ling Fee & ate of Status	Certific	Filing Fee & ed Copy al 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AFOCHO	PATHOLOGY	DIAGNOSTICS	ررد		
	Œ	Name of the Limited Liability (A Florida L	Company as it now appears on or imited Liability Company)	ır records.)	······································	
		this Limited Liability Con	mpany were filed on	1.16.11	_ and assig	ned
This amendm	ent is submitted to	amend the following:				
A. If amendi	ing name, <u>enter tl</u>	ne new name of the limite	ed liability company here:			
The new name n	nust be distinguishable	and end with the words "Limit	ted Liability Company," the designa	ation "LLC" or the abbr	eviation "L.I	C."
Enter new pi	rincipal offices ad	dress, if applicable:				
(Principal of)	fice address MUST	T BE A STREET ADDRE	<u> </u>		¥	S.
					HAI	Sign
					2	92
Enter new m	ailing address, if	applicable:			70	A COLOR
(Mailing addi	ress MAY BE A P	OST OFFICE BOX)			<u>×</u>	9.00 1
					<u>ب</u>	<u> </u>
		ed agent and/or registe w registered office addre	red office address on our ss here:	records, enter the	e name of	the nev
Nam	ne of New Register	ed Agent:				
<u>New</u>	Registered Office	Address:				
			Enter Florida stre	et address		
			City	, Florida	Zip Code	
			City		гір Соае	

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Address</u> Name 1 AROCHO TERRSA MGZ 595 N. NOVA RD Add (18 SUITE ☐ Remove ORMOND BUT FL □ Add □ Remove ☐ Add ☐ Remove _ _D-⁄Add <u>-</u> □ **R**emov 25 □ Add ☐ Remove _□ Add ☐ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
	Effective date, if other than the date of filing:(optional)
	(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated APPUL 30 2014
	Som Molis
	Signature of a member or authorized representative of a member
	JAMES AROCHO
	Typed or printed name of signee

Page 3 of 3

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