

#L1200059643

Florida Department of State
Division of Corporations
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((H14000222962 3)))



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To:

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUMMIT CLINICAL DIAGNOSTIC GROUP LLC**

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K. SALLY
EXAMINER
SEP 25 2014

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September 24, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SUMMIT CLINICAL DIAGNOSTIC GROUP LLC
11140 NORTH KENDALL DRIVE
SUITE 100
MIAMI, FL 33176US

SUBJECT: SUMMIT CLINICAL DIAGNOSTIC GROUP LLC
REF: L12000059643

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000222962
Letter Number: 814A00020505

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

7865584546

KAIZEN MEDICAL CONSULTING

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SUMMIT CLINICAL DIAGNOSTIC GROUP LLC

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

FILED
2014 SEP 24 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/03/2012 and assigned
Florida document number L12000059643

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMRI CLINICAL DIAGNOSTIC LLC

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)

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:

ZAILA COTO, JUNIET

New Registered Office Address:

10300 SW 72 ST. SUITE 280

Enter Florida street address

MIAMI

City

, Florida 33173

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 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

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

E. 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 SEPTEMBER 24, 2014

Signature of a member or authorized representative of a member
Jennifer Zails Goto

Typed or printed name of signer

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TALLAHASSEE, FLORIDA