L13000119269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
not signed

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TALLAHASSEE, FLORIDA

DEC 08 2015
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2015

J. BEAUREGARD PARKER
1900 NW CORPORATE BOULEVARD, SUITE 301W
BOCA RATON, FL 33431

SUBJECT: ADVANCED DIAGNOSTIC LABORATORY SERVICES, LLC
Ref. Number: L13000119269

We have received your document for ADVANCED DIAGNOSTIC LABORATORY SERVICES, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 715A00025222

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ADAVANCED DIAGNOSTIC LABORATORY SERVICES, LLC
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:

J. Beauregard Parker
Name of Person

J. Beauregard Parker, P.A.
Firm/Company

1900 NW Corporate Blvd., Suite 301W
Address

Boca Raton, Florida 33431
City/State and Zip Code

beau@jbparkerlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beau Parker at (561) 997-0204
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for 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)

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

ADVANCED DIAGNOSTIC LABORATORY SERVICES, 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 Liability Company were filed on 08/22/2013 and assigned Florida document number L13000119269.

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 contain 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)

1101 Holland Drive, Suite 32
Boca Raton, Florida 33487

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1101 Holland Drive, Suite 32
Boca Raton, Florida 33487

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: _____

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 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.

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_____
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Joseph A. Petri	140 NE 4th Avenue, Suite D	☐ Add
		Delray Beach, FL 33483	■ Remove
			☐ Change
MGR	Tuscon Medical Investments LLC	1504 US HWY 395 N #8	■ Add
		Gardnerville, NV 89410	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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)***

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 30 2015

Signature of a member or authorized representative of a member

J Bernard Parker Authorized Representative

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00