# L1400003943S

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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STORETARY OF STATE

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SWARREN

## **COVER LETTER**

TO:	Registration S Division of C	Section orporations		
CHIDI	Total Lab	Care, LLC		
3013	ECT	Name of Lim	ited Liability Company	<del></del>
The e	nclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please	e return all corres <sub>i</sub>	oondence concerning this matter	to the following:	
		Syed S. Hussain		
			Name of Person	pany  S  Zip Code  re annual report notification)  771-1116  Code  Daytime Telephone Number  ing Fee & \$60.00 Filing Fee,
Total Lab Care, LLC  Firm/  7685 103rd. Street Ste 1A  Add  Jacksonville, FL 32210				
			Firm/Company	
		7685 103rd. Street Ste 1A		illing. wing:  e of Person  //Company  ddress  e and Zip Code  or future annual report notification)  904  Area Code  Daytime Telephone Number  00 Filing Fee &  \$60.00 Filing Fee,
			Address	
		Jacksonville, FL 32210		
			City/State and Zip Code	
		primefmraccount@yahoo.c		<del></del>
		E-mail address: (	to be used for future annual report notifi	ication)
For fu	rther information	concerning this matter, please concerning the concerning this matter, please concerning the concerning this matter than the concerning th	all:	
Syed	S. Hussain		904 771-1116 at ()_	
	Name	of Person		Telephone Number
Enclo	sed is a check for	the following amount:		
□ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

Total Lab Care, 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 March 8, 2014 and assigned Florida document number L14000039425 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 "LLC." 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: New Registered Office Address: Enter Florida street address Florida

#### 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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Waseem H. Syed	7685 103rd St Jacksonville, FL 32710	■ Add
			□ Remove
			Change
			□ Add
		<del>.</del>	☐ Remove
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	Syed S. Hussain		d name of signee	555 	, 35 1 ±	ENDING THE STREET
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The 90	Oth day after the record	is filed.				
	d specifies a delayed eff		an effective ti	me, at 12:01 a.	m. on the	e earlier of:
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an effecti	date, if other than the date we date is listed, the date must be s	pecific and cannot be prior t	o date of filing or mo	(option re than 90 days after fr	ling.) Pursua	int to 605.0207 (
		May 24, 201	6			
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Filing Fee: \$25.00