L14000089744

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



700275599657

08/04/15--01028--003 **25.00

15 AUG -4 PH 12: 18
SECRETARY OF STATE
SECRETARY OF STATE

MIR 5 2015 T. HAMPTORY



Charles J. Bartlett

2033 Main Street Suite 600 Sarasota, FL 34237 941.953.8113 Fax: 941.366.6384 cbartlett@icardmerrill.com

icardmerrill.com

August 3, 2015

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Consumer Blood Testing, LLC/Name Change

Dear Sir or Madame:

Enclosed herewith please find Articles of Amendment for the referenced entity changing the name to **4PMD**, **LLC**. Also enclosed is a check in the amount of \$25.00.

If you need anything further, please do not hesitate to contact me at the above telephone number or sfirlotte@icardmerrill.com

Very truly yours,

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.

Sharon Firlotte

Certified Paralegal to Charles J. Bartlett

Enclosure

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONSUM	ER BLOOD TESTI	NG, LLC		
(Name of the Limited Liab) (A I lori	lity Company as it now appe da Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Florida document number L14000089744			15 assigned -	n-port
This amendment is submitted to amend the following:			1358 1788 1788	
A. If amending name, enter the new name of the line 4PMD, LLC			PM 12: 1	
The new name must be distinguishable and contain the words "Li	mited Liability Company." the	designation "LLC" or the	2 16 Inc. interview of the control o	•
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	PRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad-		on our records, <u>ent</u>	er the name of the r	<u>ICW</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter F	lorida sireet address		
	C'	, 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.

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>	Name	Address	Type of Action		
MBR	STAMATIS FERAROLIS	4910B Adamo Dr East			
		Tampa, FL 33605	☐ Remove		
			☐ Change		
MBR	JASEN BRUCE	404 Duque Rd	■ Add		
		I,utz. F1, 33549	□ Remove		
			☐ Change		
MBR	RNDOLPH S. MCCLAIN, D.O.	2701 Ocean Park Blvd	■ Add		
		Suite 119	☐ Remove		
		Santa Monica, CA 90405	☐ Change		
			DAdd		
			☐ Remove		
			Change TALE Adds		
			AHA G		
			Change O		
			Remove		
			Change		

			Lyped or printed	name of signee		m'a.	PH 12: 19	1
	STAMATIS FERAROL	S				HASS		na sindi " artisi B
		Signature of a n	nember or authori	zed representativ	s of a member	<u></u>	=	, metro
		·l 7.		_ ·		TAI NAT	5	
ated	July 23		2015					
	ord specifies a delayed 90th day after the reco		ate, but not	an effective	time, at 12:01	a.m. on the	earlier	of:
locum	ent's effective date on the De	partment of S	tate's records.	na matalong 110	is requirements t	iio dade will Hot	ne nama	a 2 411
ffecti an effe	ve date, if other than the ective date is listed, the date must lifthe date inserted in this blo	late of filing	cannot be prior to	date of filing (#)	nore than 90 days aft	tionaf) or filing.) Pursuan	t to 605.0%	207 (3)
-								
-								
_								
-	, Add Marray v			· .				
_			18 18 F			<u> </u>		
_								
_								
_						· <u> </u>		
_			· · · · · · · · · · · · · · · · · · ·					
_								
_								
		·						
-								

Filing Fee: \$25.00