

L14000089744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

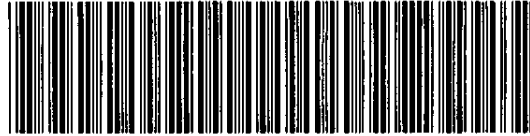
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

AUG 5 2015

T. HAMPTON

ICARD MERRILL

ATTORNEYS & COUNSELORS

Charles J. Bartlett

2033 Main Street
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Sarasota, FL 34237
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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

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>	<u>Address</u>	<u>Type of Action</u>
MBR	STAMATIS FERAROLIS	4910B Adamo Dr East	<input checked="" type="checkbox"/> Add
		Tampa, FL 33605	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JASEN BRUCE	404 Duque Rd	<input checked="" type="checkbox"/> Add
		Lutz, FL 33549	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	RMDOLPH S. MCCLAIN, D.O.	2701 Ocean Park Blvd	<input checked="" type="checkbox"/> Add
		Suite 119	<input type="checkbox"/> Remove
		Santa Monica, CA 90405	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 July 23 2015

S 2a

Signature of a member or authorized representative of a member

STAMATIS FERAROLIS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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