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ECRETARY OF STATE
LLAHASSEL, FLORIDA

COVER LETTER

Division of Corp			
SUBJECT:	Sandhill	Diagnostics	LLC
	Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.	
Please return all correspon-	dence concerning this matter	r to the following:	
	\ .		
	Ed S	Penser Name of Person	
		Name of Person	***
	above		
		Firm/Company	
			- 2
	3313 131	urns Road Su	ite LOY
	Palm Be	City/State and Zip Code	FC 33410
	-0.1.1.1	City/State and Zip Code	
	E-mail address:	City/State and Zip Code Small com (to be used for future annual report	notification)
Position and the state of the s			iotimean on y
For further information col	ncerning this matter, please of	can;	
Ed Spenser	•	at (56) 25 Area Code Day	1-8750
Name of I		Area Code Day	time Telephone Number
	1		
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(dddidwid topy w dictioned)	(additional copy is enclosed)
	NG ADDRESS:	STREET/COU Registration Se	JRIER ADDRESS:
	of Corporations	Division of Cor	
P.O. Box	: 6327	Clifton Buildin	g
Tallahass	see, FL 32314	2661 Executive	Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandhill Diagnos	tics, UC							
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) nability Company)							
The Articles of Organization for this Limited Liability Company Florida document numberL 1 4 000 19 3 600. This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liabiles Sandhill Media, Lic	llity company here:							
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."							
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/C							
· · · · · · · · · · · · · · · · · · ·	Palm Beach Gardens FL 33410							
Enter new mailing address, if applicable:	Palm Beach Gardens Pl 3542							
(Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens PL 35420							
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:								
New Registered Office Address:	SE SE							
	Enter Florida street address							
New Registered Agent's Signature, if changing Registered Agent:	City Con							
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is							

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
	N/c		
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