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TALLAHASSEE, FLORIDA

APR 29 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PP Diagnostic, 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:

Jeffrey S. Wachs

Name of Person

Doumar, Allsworth, et al

Firm/Company

1177 SE 3rd Avenue

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

jwachs@sflalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey S. Wachs

Name of Person

at (954) 762-3400

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

LAW OFFICES
**DOUMAR, ALLSWORTH, LAYSTROM,
VOIGT, WACHS & ADAIR, LLP**

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EMERSON ALLSWORTH, P.A.
E. SCOTT ALLSWORTH, P.A.
MARK E. ALLSWORTH, P.A.
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C. WILLIAM LAYSTROM, JR., P.A.
JOHN D. VOIGT, P.A.
JEFFREY S. WACHS, P.A.†

OF COUNSEL
JOHN W. PERLOFF, P.A.
JODIE SIEGEL, P.A.

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

April 13, 2015

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

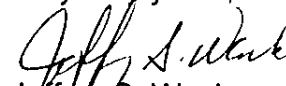
Re: PP Diagnostic, LLC.

Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of PP Diagnostic, LLC which we are filing to change the address of one of the managers, Richard Chin.

I have enclosed a check in the amount of \$55.00 representing the filing fee and requesting a certified copy and I have also enclosed a self-addressed stamped envelope for you to return the same to my attention.

Very truly yours,


Jeffrey S. Wachs
For the Firm

JSW:rg

Enclosures

C:\WP51\ChanASue.ChinLLCs\PPDiagnostic\FLDivisionCorp.EncAmendment.wpd

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rds.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Richard Chin	1458 Victoria Isle Drive	<input type="checkbox"/> Add
		Weston, Florida 33327	<input checked="" type="checkbox"/> Remove
MGR	Richard Chin	2470 Eagle Run Way	<input checked="" type="checkbox"/> Add
		Weston, Florida 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 10, 2015.



Signature of a member or authorized representative of a member

Brian Chan-A-Sue

Typed or printed name of signee