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COVER LETTER

Division of Co			
SUBJECT:	PP Diagnostic, I	LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	nitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	Jeffre	ey S. Wachs	
		Name of Person	
	Doumar, Alls	sworth, et al	
		Firm/Company	
	1177 SE 3rd	l Avenue	
		Address	
	Fort Lauder	dale, FL 33316	
		City/State and Zip Code	
		sflalaw.com to be used for future annual report notice	fication)
For further information	concerning this matter, please ca		incation)
Jeffrey S	3. Wachs	at (954) 762-340	0
Name	of Person	*** (e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

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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

frey/S. Wach:

7or′th⁄e Firm

JSW:rg

Enclosures

 $C: \label{lem:condition} C: \label{lem:condition} Corp. Enc Amendment. wpd$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES	OF AMENDM	ENT	ords)
ADTICLES	TO SEODO ANIZA	TION	1500 11
ARTICLES	OF ORGANIZA OF	TION	
	Or		
PP Diagnost	ic, LLC		1887 1 63
(Name of the Limited Liability C (A Florida Lin	ompany as it now appe	ars on our reco	ords.)
(11101021)	med Sidemity Company	,	RIG.
The Articles of Organization for this Limited Liability Com	pany were filed on _	4/7/2015	and assigned
Florida document numberL15000061178			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company l	<u>here</u> :	
The new name must be distinguishable and end with the words "Limited	d Liability Company," th	e designation "	LLC" or the abbreviation "L.L.C."
		Ü	
Enter new principal offices address, if applicable:		-	
<u>(Principal office address MUST BE A STREET ADDRES,</u>	<u>S)</u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registere	ed office address o	n our recor	rds, enter the name of the ne
registered agent and/or the new registered office address	<u>here</u> :		
Name of New Registered Agent:			
-			
New Registered Office Address:	Enter Flo	orida street addi	2297
	23.767	oa on oor aqui	
	City	, l	Florida
	CHV		zin 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 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>	Name	Address	Type of Action
MGR	Richard Chin	1458 Victoria Isle Drive	
		Weston, Florida 33327	⊠ Remove
MGR	Richard Chin	2470 Eagle Run Way	& Add
		Weston, Florida 33327	□ Remove
			□ Add
			Remove
			Add
			□ Remove
			□ Add
			□ Remove
			Add
			Remove

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