

L15000041178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

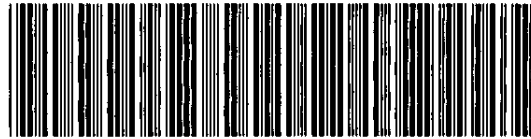
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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MAY 29 2015
J. HARRIS

LAW OFFICES
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VOIGT, WACHS & ADAIR, LLP**

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

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

May 21, 2015

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

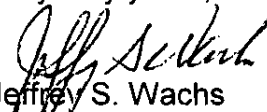
Re: PP Diagnostic, LLC.

Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization of PP Diagnostic, LLC which we are filing to change the primary address and mailing address for the entity.

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.EncAmendment2.wpd

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 at (954) 762-3400
Name of Person 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

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

PP Diagnostic, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 4/7/2015 and assigned
Florida document number L15000061178.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9696 Pines Blvd.,

(Principal office address MUST BE A STREET ADDRESS)

Pembroke Pines, FL 33024

Enter new mailing address, if applicable:

9696 Pines Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

Pembroke Pines, FL 33024

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, 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

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TALLAHASSEE, FLORIDA

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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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.

Dated May 21, 2015

Brian Chan-A-Sue
Typed or printed name of signee

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TALLAHASSEE, FLORIDA