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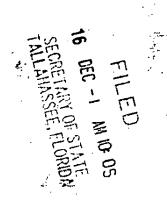
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COVER LETTER

TO: Registration of Division of	on Section f Corporations	
Labsta	at, LLC	
Soborer.	Name of Limited Liability Company	
	les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following:	
	Roger Farahmand	
	Name of Person	
	Labstat, LLC	
	5101 Ross Ave. Ste 200	
	Address	
	Dallas, TX 75204	3 / Same
	City/State and Zip Code labstat@familymedicalgroup.com	SECRETALL.
	E-mail address: (to be used for future annual report notification)	題で
For further informat	tion concerning this matter, please call:	
Roger Farahmand	972 720-1000 at ()	ELECTION OF STATE
N	Vame of Person Area Code Daytime Telephone Number) NO S
Enclosed is a check	for the following amount:	
□ \$25.00 Filing Fe	Tee \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status & py

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

Labstat, L.L.C			一一	
(Name of the Limit	ed Liability Compa	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number L15000127039			OR To assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Labstat, LLC 6582 Palmer Park Circle		
		Enter new mailing address, if applicable:		Labstat, LLC
Mailing address MAY BE A POST OFFICE BOX)		6582 Palmer Park Circle		
		Sarasota, FL 34238		
B. If amending the registered agent and/or the new registered of			er the name of the new	
Name of New Registered Agent:	Registered Age	nt, Inc.		
New Registered Office Address:	3030 N Rocky Point Dr. Ste 150A			
		Enter Florida street address		
	Tampa	, Florida	33607	

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.

City

Sell Will President
If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
PRES	Timothy T Beach	6593 Palmer Park Circle	Add
		Sarasota, FL 34238	■ Remove
			Change
VP	Stuart Christensen	6593 Palmer Park Circle	□ Add
		Sarasota, FL 34238	Remove
			☐ Change
PRES	Roger Farahmand	6582 Palmer Park Circle	Add
		Sarasota, FL 34238	Remove
			☐ Change
VP	David Ross	6582 Palmer Park Circle	□ Add
		Sarasota, FL 34238	Remove
			☐ Change
			Add
			Remove SECRETARIAN Add
			Add Add O
			Change

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Filing Fee: \$25.00