

L16000278491

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SILBERSTEIN LAW FIRM PLLC
Account Number : I20110000094
Phone: : (941)953-4400
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: tracy@odysseymedicalconsulting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
APEX LABORATORY MANAGEMENT, LLC

Certificate of Status	0
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

APEX LABORATORY MANAGEMENT, 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 02/16/16 and assigned
Florida document number L16000032491

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:

7681 Legacy Road

(Principal office address MUST BE A STREET ADDRESS)

Flowery Branch, GA 30542

Enter new mailing address, if applicable:

PO Box 1934

(Mailing address MAY BE A POST OFFICE BOX)

Flowery Branch, GA 30542

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

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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 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>
MGR	Tracy Youngblood-McDaniel	50 Central Ave, Suite 950	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Tracy Youngblood-McDaniel	PO Box 1934	<input type="checkbox"/> Add
		Flowery Branch, GA 30542	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(b) The 90th day after the record is filed.

Dated Nov 9, 2016

Signature of a member or authorized representative of a member

Tracy Youngblood-McDaniel

Typed or printed name of signer

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