L16 0000 35084

(Requestor's Name)	
(Address) (Address)	200286988
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	06/20/1601043
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	IVELVHY22FF, FEGRION
	- CKINA

Office Use Only



092

-023 **25**.**00

16. JUN 20 PM 4: 48

JUN 2 1 2015

Y SULKER

COVER LETTER

Division of Corporations
SUBJECT: Atm Phlebotomy Services 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:
Alicia MA/ONE Name of Person
A+m Phlebotomy Services Firm Company
9288 W. At/Autic Blvd #1127 Address
COCAL SPCINGS F/ 9 3307/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hieia Malone at (754) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

·Registration Section

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

ALM Phlebotomy	Services
(Name of the Limited Liability Com (A Florida Limite	Services pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L}{b}$	ny were filed on February 18,20/6 and assigned
This amendment is submitted to amend the following:	·
this amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited list	ability company here:
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:	bility Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 772/68 Coral Springs, F/ 3307/
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
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

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 = Max $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		9288 W. Attnute Blod	# 1127
MGR	Alicia MAIONE	Coral Spilgs, Ela. 3307/	
			☐ Remove
		9280 W. Atlantic B	□ Change
AMBR	Alicia MAlone	COSA / Springs, Ha 200	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			<u></u>
		in the second se	Remove
		;; 	Remove
		رن (ب	☐ Change
			Ci La Limange
		0RIUA	
			Remove
			Change
	-	· 	🗖 Add
			□ Remove
			Change

	····							
1								
					•	••		-
								-
								_
								-
 		 					_	_
					· · · · · · · · · · · · · · · · · · ·			-
								-
		 ,						•
		···			<u>.</u>		· - · ·	-
	·							-
	· · · · · · · · · · · · · · · · · · ·					77.5		-
							<u>5</u>	
						会に		.9.
						1881 1881	8	- 12
						m	<u></u>	
						FL	<u></u>	ţ
			1771			FLORIDA		-
ective date, if other than t	L. 3.4. <i>68</i> 11	10/12/	1/2				-	
effective date is listed, the date reg. If the date inserted in this ument's effective date on the	nust be specific and block does not m	cannor be prior t eet the applica	o date of filing or ble statutory fil	more than 90 da ing requiremen	(optional) ys after filing. nts, this date) Pursuan	nt to 605 be liste	5.020 ed as
record specifies a delay he 90th day after the re	ecord is filed.			time, at 12	2:01 a.m.	on the	earlie	er o
	_	2 1						
ed July 13, 2	?016,	1/10	_ ·					
ed July 13, 2	?01b,	10/6	ized representati					

Page 3 of 3

Filing Fee: \$25.00