

L16000037231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*[Signature]*  
9/20/17

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17 SEP 20 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2017

H. JAY HILL  
4023 N. ARMENIA AVE #102  
TAMPA, FL 33607 US

SUBJECT: ATLAS DIAGNOSTIC HOLDINGS, LLC  
Ref. Number: L16000037231

We have received your document for ATLAS DIAGNOSTIC HOLDINGS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 417A00018882

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Atlas Diagnostic Holdings 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:

H. Jay Hill  
Name of Person

Atlas Diagnostic Holdings, LLC  
Firm/Company

4023 N. Armenia Ave #102  
Address

Tampa FL 33607  
City/State and Zip Code

pcraig@globalmobile.diagnostics.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulino Craig at (813) 443-4837  
Name of Person Area Code Daytime 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

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

\_\_\_\_\_  
(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 2/16/17 and assigned  
Florida document number L16 000037231.

This amendment is submitted to amend the following:

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

Atlas Diagnostic Holdings LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

4023 N. Armenia Ave Suite 102  
Tampa, Florida  
33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

H. Jay Hill CEO / Mgr

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>H. Jay Hill</u>	<u>4023 W. Armenia Ave</u> <u>#102</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>Tampa, Fl. 33607</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Claire Wittnebert</u>	<u>Chr (Same above)</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>(Same above)</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Pauline Craig</u>		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		<u>(Same above)</u>	<input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change

