

L16 0000 78759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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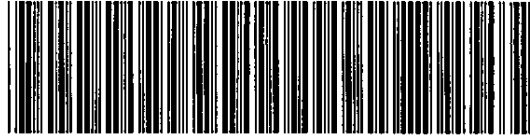
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 20 AM 11:03

JUN 21 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diagnostic Partners, 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:

Christopher Finley, Esq.

Name of Person

Law Office of Christopher Finley, P.L.

Firm/Company

636 East Atlantic Avenue, Suite 205

Address

Delray Beach, FL 33483

City/State and Zip Code

chris@cfinleylaw.com

E-mail address: (to be used for future annual report notification)

16 JUN 20 AM 11:03
RECEIVED
OFFICE OF THE
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SUPREME COURT
TALLAHASSEE, FL

For further information concerning this matter, please call:

Christopher Finley, Esq

561 265-5053
at ()

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**

Diagnostic Partners, 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 April 21, 2016 and assigned
Florida document number L16000078759.

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:

(Principal office address MUST BE A STREET ADDRESS)

638 East Atlantic Avenue

Delray Beach, FL 33483

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

638 East Atlantic Avenue

Delray Beach, FL 33483

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

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	Kai Capital, LLC	636 East Atlantic Avenue	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eden Capital LLC	638 East Atlantic Avenue	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonathan Globerman	132 NE 12th St.	<input type="checkbox"/> Add
		Delray Beach, FL 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JUN 30 AM 11:03
STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

16 JUN 20 AM 11:03

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10-15-2010 BY 60322
UCBAW/BJA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 13, 2016

Signature of a member or authorized representative of a member Howard Steinberg as Manager of Eden Capital, LLC

Howard Steinberg
Typed or printed name of signee