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COVER LETTER

TO:	Registration Sec Division of Corp			
		stic Partners, LLC		
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	iclosed Articles of 7	Amendment and fee(s) are sub-	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		Howard Steinberg		
			Name of Person	
			Firm/Company	
		11 South Swinton Avenue		
			Address	
		Delray Beach, FL 33444		
			City/State and Zip Code	
		howard.steinberg@me.com	to be used for future annual report notific	and in the second
For fu	rther information co	ncerning this matter, please ca	·	cations
Howa	rd Steinberg		561 997-4543	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
□ \$2	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:

TO:

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

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2017 SEP - 1 PM	2. 0.
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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 04/21/2016 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) 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: Howard Steinberg Name of New Registered Agent: 11 South Swinton Avenue New Registered Office Address:

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

Delray Beach

If Changing Registered Agent, Senature of New Registered Agent

Enter Florida street address

_. Florida 33444
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
MGR	Eden Capital, LLC	11 South Swinton Avenue	
		Derlay Beach, FL 33444	■ Remove
			Change
MGR	GS HC Group, LLC	11 South Swinton Avenue	■ Add
		Delray Beach, FL 33444	□ Remove
			Change
MGR	Kai Capital, LLC	11 South Swinton Avenue	
		Delray Beach, FL 33444	■ Remove
			□ Change
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			Rembve Chaffee
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			☐ Remove
			Change

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Filing Fee: \$25.00