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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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COVER LETTER

Tallahassee, FL 32314

	tration Se on of Cor	ction porations		
D ŠUBJECT:	iagnostic	s Consultants of Florida LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return al	l correspo	ndence concerning this matter	to the following:	
		Halle Baldor		
			Name of Person	
		Diagnostics Consultants	of Florida LLC	
			Firm/Company	
		5217 Fieldview Ct		
		, <u>, , , , , , , , , , , , , , , , , , </u>	Address	,, <u>, , , , , , , , , , , , , , , , , ,</u>
		Orlando, FL 32819		
		hallebaldor@live.com	City/State and Zip Code	
		-	to be used for future annual report	notification)
For further info	rmation co	oncerning this matter, please c	all:	
Roberto Baldo	or		407 3426980 at ())
	Name of	f Person		time Telephone Number
Enclosed is a ch	neck for th	e following amount:		
□ \$25.00 Filii	ng 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)
	g Address		Street Address	
_	tration S ion of C	oction orporations	Registration Division of O	
	Box 632			of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Diagnostics Consultants of Florida 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 8/1/2016 __ and assigned Florida document number L16000143464 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

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
AMBR	Halle R. Baldor	5217 Fieldview Ct, Orlando, FL32819	■Add
			□ Remove
			□Change
			□ Add
			Remove
			Change
			□Add
			Remove
			□Change
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Filing Fee: \$25.00