

L16 000212761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

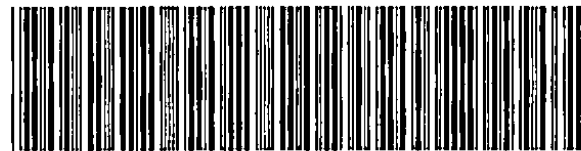
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2021 AUG 30 PM 12:40

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J BRUCE
SEP 11 2021

TO: Registration Section
Division of Corporations

SUBJECT: Physicians Stat Lab East Coast 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:

Nathan A. Hawkins

Name of Person

Physicians Stat Lab East Coast LLC

Firm/Company

7345 Bella Foreste PL

Address

Sanford, Florida 32771

City/State and Zip Code

n.hawkins@novusequity.com

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

For further information concerning this matter, please call:

Nathan A. Hawkins

Name of Person

at (407)

Area Code

757-8747

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Physicians Stat Lab East Coast 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 11/22/2016 and assigned Florida document number 16 000212761.

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)

4290 S Hwy 27 Ste 2
Clermont, Florida 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4290 S Hwy 27 Ste. 20
Clermont, Florida 34711

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:

Neilsen Law Group, P.A.

New Registered Office Address:

100 2nd Ave N

Enter Florida street address

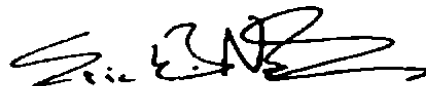
St. Petersburg, Florida 33701

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, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Act</u>
<u>MGR</u>	<u>Nathan A. Hawkins</u>	<u>4290.5 Hwy 27</u>	<input checked="" type="checkbox"/> Add
		<u>Ste 204</u>	<input type="checkbox"/> Remove
		<u>Clermont, FL 34711</u>	<input type="checkbox"/> Change
<u>OTHER</u>	<u>Norus Health</u>	<u>7345 Bell & Forest PL</u>	<input type="checkbox"/> Add
		<u>Sanford, Florida 32771</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2016 AUG 30 PM 2:40
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 8/10/2021 (optional)

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

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 August 23, 2021.

Nathan A. Hawkins

Signature of a member or authorized representative of a member

Nathan A. Hawkins

Typed or printed name of signee