

LI7000040065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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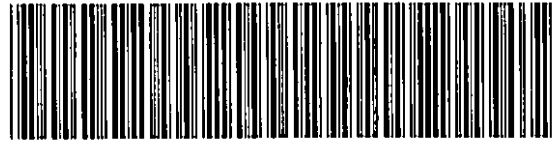
(Business Entity Name)

(Document Number)

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SUPREME COURT
TALLAHASSEE, FLORIDA

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SEP 08 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUE PATH DIAGNOSTICS, 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:

Justin Carver

Name of Person

Firm/Company

5749 Camino Del Sol #204

Address

Boca Raton, Florida 33433

City/State and Zip Code

rassmj@gmail.com

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

For further information concerning this matter, please call:

Justin Carver

954 496-2885

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TRUE PATH DIAGNOSTICS, 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 02/20/2017 and assigned
Florida document number L17000040065.

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 "LLC."

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)

5749 Camino Del Sol #204

Boca Raton, Florida 33433

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:

Rae Mosier

New Registered Office Address:

3101 N. Federal Highway, Ste. 600

Enter Florida street address

Ft. Lauderdale

Florida 33306

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>
AMBR	SD&M Consultants, LLC	1400 NE 55th Street, Ste. 203	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida 3334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Pamela Sprigner	2482 NE 15th Lane	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Paul Materia	160 SW Meade Circle	<input type="checkbox"/> Add
		Port St. Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ian Treacy	2403 NE Marlberry Lane	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Samuel Kesaris	6701 NW 33 Way	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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AUG 1 2008
JENSEN BEACH, FL
CLERK OF DISTRICT COURT

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AM 8:35
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AUG 31 AM 8:35
18

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

Dated August 17, 2018

Signature

Signature of a member or authorized representative of a member

Samuel Kesaris

Typed or printed name of signee