

L17000126132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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18 JUN 29 PM 2:11

18 JUN 29 PM 2:19

J. LEGGETT
JUN 02 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 280788 8130947

AUTHORIZATION

COST LIMIT : \$55.00

ORDER DATE : June 28, 2018

ORDER TIME : 5:13 PM

ORDER NO. : 280788-005

CUSTOMER NO: 8130947

DOMESTIC AMENDMENT FILING

NAME: QUANTUM DIAGNOSTICS LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUANTUM 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:

Kris Ryan

Name of Person

Quantum Diagnostics LLC

Firm/Company

5199 10th Ave N, Suite 105

Address

Greenacres, FL 33463

City/State and Zip Code

admin@quantum-diagnostics.com

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

For further information concerning this matter, please call:

Kris Ryan

at (561)

508-6105

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**

QUANTUM 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 06/08/2017 and assigned
Florida document number L17000126132.

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: Corporation Service Company

New Registered Office Address: 1201 Hays Street
Enter Florida street address

Tallahassee, Florida 32301
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.

Emily Croft
Asst. Vice President

Emily Croft
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/ Pre	Paul A Carruth	5199 10th Avenue N	<input type="checkbox"/> Add
		Ste 105	<input checked="" type="checkbox"/> Remove
		Greenacres, FL 33463	<input type="checkbox"/> Change
AMBR/ VP	Joseph M Ferrio	5199 10th Avenue N	<input type="checkbox"/> Add
		Ste 105	<input checked="" type="checkbox"/> Remove
		Greenacres, FL 33463	<input type="checkbox"/> Change
MGR	Quantum DX Management LLC	5199 10th Avenue N	<input checked="" type="checkbox"/> Add
		Ste 105	<input type="checkbox"/> Remove
		Greenacres, FL 33463	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

18 JUN 25 PM 12:49

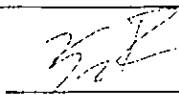
E. Effective date, if other than the date of filing: _____ (optional)

(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 (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.

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 28, 2018



Signature of a member or authorized representative of a member

Kris Ryan

Typed or printed name of signer