17000246832

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
·	·	
Certified Copies	Certificates	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	





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08/27/21--01027--011 **30.08



9/91/2021 TH

COVER LETTER

Registration Section Division of Corporations

TO:

CFL DIAG SUBJECT:	NOSTIC LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Vladimir Korchagin			
	·	Name of Person		
	TOH Management LLC			
		Firm/Company		
	1405 W Colonial Dr. Ste I	3		
		Address		
	Orlando, Fl 32804			
		City/State and Zip Code		
	855legal@gmail.com			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Vladimir Korchagin		407 724-8121 at ()		
Name o	f Person		e Telephone Number	
Enclosed is a check for th	ne 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 Addres Registration S	Section	<u>Street Address:</u> Registration Se		
Division of Corporations		Division of Cor	•	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 27 AH 9: 59

CFL DIAGNOSTIC LLC

SECRETARY OF STATE

(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 Compa	any were filed on 12.01.20	and assigned
Florida document number L17000246832		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designat	ion "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 and/or the new registered office address here: Name of New Registered Agent:		s, enter the name of the new registered
New Registered Office Address:		<u>. </u>
	Enter Florida stre	
	City	Florida
New Registered Agent's Signature, if changing Registered Age		r.p code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	gree to act in this capac ete performance of my di as provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is
iro	hanging Registered Agent, Sig	gnature 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>	Address	Type of Action
AMBR	Vladimir Korchagin	1405 W Colonial Dr, Ste B-2, Orlando, Fl 32804	= Add
			□Remove
			□Change
AMBR Oleg Kovalenko	Oleg Kovalenko	1405 W Colonial Dr, Ste B, Orlando, Fl 32804	□Add
			■Remove
			□Change
			🗆 Add
			🗌 Remove
			□Change
			□Add
			🗆 Remove
			□Change
		□Add	
			□Remove
		□Change	
	-		□Add
			□Remove
			□Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note:	ve date, if other than the date of filing:
the record cord is fil	I 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 ed.
Dated	August 20 20/21
	Signature of a member or authorized representative of a member
	Oleg Kovalenko
	Typed or printed name of signee

. . .

Filing Fee: \$25.00