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	Requestor's Name)
	Address)
	Address)
PICK-UP	City/State/Zip/Phone #)
(Business Entity Name)
(Occument Number)
Certified Copies	Certificates of Status
Special Instructions	p Filing Officer:
	Office Use Only



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COVER LETTER

TO: Registration Division of C	i Section Corporations	·	1
CLG Di	agnostics,LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Jeannine Riley		
		Name of Person	
	Granite Recovery Centers		
1		Firm/Company	
	6 Manor Parkway		
		Address	
	Salem,NH		
		City/State and Zip Code	
	jriley@graniterecoverycent	ers.com to be used for future annual report not	rification)
For further informatic	on concerning this matter, please c		internet)
Lisa Perry		603 328-8633	
Nac	ne of Person		ne Telephone Number
Enclosed is a check f	or 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)
Reg Div P.O	ILING ADDRESS: Stration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLG Diagnostics, LLC,		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on 1/03/2018	and assigned
Florida document number L18000002964		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	-	C or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	555 Heritage Drive Suite 105	
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33458	18 F
		AH AH
Enton your mailing address if applicables		ARY ASSI 26
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>, </u>	
thrating duaress MAT BE A FOST OFFICE BOX		7: ST
		ATE ATE
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ds, enter the name of the new
	-	
Name of New Registered Agent:		
New Registered Office Address:		
rew regulated office reduces.	Enter Florida street addr	ess
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, opposited for in Chapter 605	and I am familiar with and , F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed	from our records:	zed to manage, <u>enter the title, name, and addr</u>	The state of the s
MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
-	-		
			□ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			☐ Change

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: If the da	f other than the date of filing:	e list
: If the da nent's eff ecord sp	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be	e list
: If the da ment's effort ecord speed 90th d	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be entire and the Department of State's records. e cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	e list
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If the danent's efficient of the danent's efficience of the day of	te inserted in this block does not meet the applicable statutory filing requirements, this date will not be entire date on the Department of State's records. ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the elay after the record is filed.	e list

Filing Fee: \$25.00