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COVER LETTER

Division of Corporations	
SUBJECT: Comfort Diagnostics, LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Houard F. Hoagland Jr. Name of Person	
Comfort Diagnostics, LLC	
3942 Luverne St.	
Fort Myers FL 33901 City/State and Zip Code	
Comfort Diagnostics 11 Cagnail · Com E-mail address: (tybe used for future annual report nytification)	
For further information concerning this matter, please call:	,]
Howara E. Hoagland Jr. 31, 239, 994-2953	
Name of Person/ Area Code Daytime Telephone Number)
Enclosed is a check for the following amount:	-
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee. Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certifi	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TO ARTICLES OF ORGANIZATION **OF**

_ Comfort Diagnostic	SLLC	
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our record Jability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1900028215.	were filed on <u>Jan 28</u> +	h, 2019 and assig
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Comfort Diagnostics, LI The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability "Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Limited Liability" The new name must be distinguishable and contain the words "Liability" The new name must be distinguishable and contain the words "Liability" The new name must be distinguishable and contain the words "Liability" The new name must be distinguishable and contain the words "Liability" The new name must be distinguishable and contain the words "Liability" The new name must be distinguishable and contain the words "Liability" The new name must be distinguishable and contain the words "Liabili	LC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC	" or the abbreviation "L.L.)
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		18 to 27
		27
Enter new mailing address, if applicable:		P ;
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		s, enter the name of
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	•
	Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

1

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	Howard E. Hoaglard Jr.	3942 Luverne St.	
		Fort Myers, FL 33°	
			,⊠ Chang
AMBR	Shannon Hoagland	3942 Luverne St	Add
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f an effe Note:	ye date, if other than the date of filing:
e reco The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated _	Signature of a member or authorized representative of a member
	Howard E Hoagland JR. Typed or printed name of signee

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Filing Fee: \$25.00