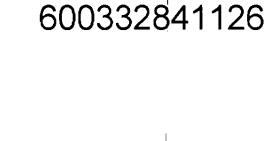
L19000 122 474

(Re	questor's Name)	 .
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	-#)
	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(50	Siness Chury Ivan	ne <i>j</i>
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



08/15/19--01020--001 **25.00

FILED

19 AUG 15 AH 8 12

SECRETARY AND A CANADA

AUG 2 6 2019 S. YOUNG

COVER LETTER

US DIABI SUBJECT:	ETES CENTER LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Joe Lau		
	-73-0	Name of Person	
	*****	Firm/Company	T .
	8425 SW 148th Dr		
	Palmetto Bay, FL 33158	Address	
	lauint@gmail.com	City/State and Zip Code	
For further information o	E-mail address: (concerning this matter, please ca	to be used for future annual report notifi all:	cation)
Joe Lau		804 614-8582	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

		7 18 18 18 18 18 18 18 18 18 18 18 18 18
US DIABETES CENTER LLC		<u> </u>
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	ASSE
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
Florida document number L19000122474	 -	URIDI - T
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· L
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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>	Address	Type of Action
AMBR	Joe Lau	777 Brickell Ave. #500-9332. Miami, Fl. 33131	
			☐ Remove
			_ □ Change
AMBR	LAU GLOBAL ENTERPRISE LLC	777 BRICKELL AVE #500-14331, Miami, FL 33131	Add
			■ Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		Add
		·	□ Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

						 	
						'	
							
				·			
		·					
							
			.				
					 -	- · · · · · · · · · · · · · · · · · · ·	
	_		-				
		<u> </u>		· · · · · · · · · · · · · · · · · · ·	,	ı	
	- ·	 	<u> </u>				
	-	.,					
							
an effective lote: If the	date is listed, the date inserted i	date must be spec-	ific and cannot be a not meet the a	pplicable statutor	ng or more than 90 d	_(optional) ays after filing.) Pursu nts, this date will no	
		lelayed effect he record is f		t not an effec	tive time, at 1	2:01 a.m. on th	e earlier o
ated	Airy /	oth_	<u> </u>	19			
		`	7				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00