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## **COVER LETTER**

TO:

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

Divi	sion of Cor	porations				
SUBJECT:	GAMMA I	DIAGNOSTIC LAB, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		CARLOS A. LOPEZ				
			Name of Person			
		GAMMA DIAGNOSTIC	LABILLC			
			Firm/Company			
		2662 NW 97TH AVE				
			Address			
		DORAL,FL 33172				
			City/State and Zip Code			
		CLOPEZ@GAMMADIAG  E-mail address: (	NOSFICLAB.COM to be used for future annual repor	t notification)		
For further in	formation c	oncerning this matter, please c	all:		20	01 10 E.
CARLOS A.	LOPEZ		786 2009126	0	克克	
	Name o	f Person		aytime Telephone Number		L COL
Enclosed is a	check for th	ne following amount:			છ: કૃષ	OF STA
■ \$25.00 F		□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	STATE
Reg	ling Addres	Section	Street Addres Registration	n Section		
Div	usion of C	orporations	Division of	Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## 'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAMMA DIAGNOSTIC LAB, 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 Compar	ny were filed on FLORIDA	and assigned
Florida document number 1.19000161932		and assigned
This amendment is submitted to amend the following:		చ
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation "L.IC."
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)		
	A	<del></del>
B. If amending the registered agent and/or registered office	e address on our records, <u>enter ti</u>	ne name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida

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
VP	JESUS LINARES	2662 NW 97TH AVE	□ Add
		DORAL,FL 33172	≣ Remove
			Change
P	MIGUEL GUERRA	<b>2</b> 662 NW 97TH AVE	□Add
		DORAL,FL 33172	■Remove
			Change
<del></del>			
			□Remove
			Change
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			□Add
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	03/01/2020
effect	date, if other than the date of filing:
umen	's effective date on the Department of State's records.
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the second of the second
	08/2020
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ted	Signature of a member or authorized representative of a member