## L19000161932

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2021 DEC -3 AM 6: 5 SECRETARY OF STA

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## **COVER LETTER**

TO:

TO: Registration S Division of Co			,			
	GAMMA DIAGNOSTIC LAB, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles o	of Amendment and fec(s) are sub	omitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
	CARLOS A. LOPEZ					
		Name of Person				
	GAMMA DIAGNOSTIC	LAB, LLC				
		Firm/Company	<del></del>			
	2662 NW 97TH AVE					
		Address				
	DORAL, FL 33172					
		City/State and Zip Code				
	CLOPEZ@GAMMADIAC	BNOSTICLAB.COM  to be used for future annual report not	in all and a second			
For further information	concerning this matter, please c		nication)			
CARLOS A. LOPEZ		786 2009120				
Name	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sc	ection			
Division of	Corporations	Division of Co	rporations			
P.O. Box 63 Tallahassee.		The Centre of 2415 N. Monro	Fallahassee oc Street, Suite 810			
rananassee.	11.34314	∠9 L√ IN, IVIOIII U	re oncer, ounceany			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION

2021 DEC -3 AM 6:51

GAMMA DIAGNOSTIC LAB, LLC

(Name of the Limited Liability Company as it now appears on Mr. records) AY OF STATE

(A Florida Limited Liability Company) IALLAHASSE

company here:		
umiyan " the designation "LLC		
mpany, the designation 1.13	"" or the abbreviation "L.L.C."	
ess on our records, <u>enter</u>	the name of the new register	
Enter Florida street address, Florida City Zip Code		
	ress on our records, <u>enter</u> Enter Florida street addre.	

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
MGR	JESUS LINARES	2662 NW 97TH AVE	■Add
		DORALFL 33172	□Remove
			□Change
MGR	MIGUEL GUERRA	2662 NW 97TH AVE	
		DORAL.FL 33172	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
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Note: If the	ne date inserted i	han the date of date must be speci in this block does on the Departmer	not meet the	applicable stati	filing or more than utory filing requi	(option 90 days after fil rements, this d	al) ing.) Pursuant to 6 ate will not be li	05,0207 sted as
e record sp rd is filed.	ecifies a delayed	l effective date, b	ut not an effec	tive time, at 12	2:01 a.m. on the c	earlier of: (b)	The 90th day af	ier the
Dated NO	VEMBER 22		2021					
			06	7 /	P			
			- Super	4200	<u>'                                     </u>			
		Signatur	e of a number of	authorized rep.	resentative of a me	niber		

Filing Fee: \$25.00