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COVER LETTER

TO: Registration So Division of Cor				
SM Diagno	ostics LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The analysis of Artisles of	Amendment and fee(s) are sub	unitted for filing		
	ondence concerning this matter			
riedec (com an correspo	Machee Concerning the name	to the tone whigh		
	Maya Rocchio			
		Name of Person		
	SM Diagnostics LLC			
		Firm/Company		
	7290 SW 42nd Street			22
		Address		22 SEP 26 AM 9: 17
	Miami, FL 33155			P 25
		City/State and Zip Code		AH.
	rocchiomaya22@gmail.con E-mail address: 1	to be used for future annual report notifi	cation)	چوپ
For further information c	oncerning this matter, please c	·		17
Maya Rocchio		917 254-5504		
Name o	rt Person	Area Code Daytime	Telephone Number	-
Enclosed is a check for t	he following amount:			
	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy tadditional copy is	tatus &
<u>Mailing Addre</u> Registration Division of C	Section	Street Address: Registration Sec Division of Corp	tion	
P.O. Box 6327		The Centre of Ta	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SM Diagnostics LLC					
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears of Liability Company)	on our records.)		
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on Sept	tember 9, 2021	and assign	ied
This amendment is submitted to amend the fo	llowing:				
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 Liab	ility Company," the desi	gnation "LLC" or the abb	ereviation "L.L.C	
Enter new principal offices address, if appl	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
				22	7
				<u> </u>	ġ.
Enter new mailing address, if applicable:				₽ 2;	11.7
(Mailing address MAY BE A POST OFFICE BOX)					
				<u>Ψ</u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our rece	ords, <u>enter the name</u>	of the new ro	giŝtere
Name of New Registered Agent:	Maya Rocchio				
New Registered Office Address:					
		Enter Florida	street address	··· · <u></u>	
			, Florida		
		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>	Name	Address	Type of Action
AMBR	Suren Musheyev	7290 SW 42nd Street	□Add
		Miami, FL 33155	
AMBR	Maya Rocchio	7290 NW 42nd Street	
		Miami, FL 33155	□Remove
			22 Despective (1970)
			20 ST C C C C C C C C C C C C C C C C C C
			☐ Renove
			□Add
			□Remove
			☐ Change
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			□Change
			🗆 🗆 Add
			□Remove
			□ Change

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		 -	
			
			
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		A.M	MOLEYS BORDS AT MORE AT MORE AT
		— ĕ	報題
		 	
Note: If the c	August 23, 2022 (optional) ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant late inserted in this block does not meet the applicable statutory filing requirements, this date will not be fective date on the Department of State's records.	10 605.020 e listed a	07 (3)(b is the
If the record speci record is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after th	e
Dated	30 2022		
	Signature of a member or authorized representative of a member	-	
	ren Musheyev		
	Typed or printed name of signee	_	

Filing Fee: \$25.00

SM Diagnostics LLC - Sun Biz amendment

Final Audit Report

2022-08-31

Created:

2022-08-30

By:

Charles Darcy (chazmonia@gmail.com)

Status:

Signed

Transaction ID:

CBJCHBCAABAAgvaXo_HXZxfjnB85CPecc3SI_xxoAz1q

"SM Diagnostics LLC - Sun Biz amendment" History

- Document created by Charles Darcy (chazmonia@gmail.com) 2022-08-30 8:21:36 PM GMT
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- Email viewed by rocchiomaya22@gmail.com 2022-08-30 8:23:56 PM GMT
- Signer rocchiomaya22@gmail.com entered name at signing as Maya Rocchio 2022-08-30 - 8:24:54 PM GMT
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- Signer suren@smdiagnosticsllc.com entered name at signing as Suren Musheyev 2022-08-31 - 3:52:55 PM GMT
- Document e-signed by Suren Musheyev (suren@smdiagnosticsllc.com) Signature Date: 2022-08-31 - 3:52:57 PM GMT - Time Source: server
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