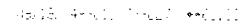
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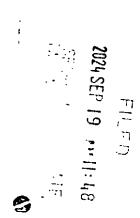
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200436743552





COVER LETTER

	,	COVERLETTER			
TO: Registration Se					
AB Diagno	ostics LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return alt correspo	ondence concerning this matter	to the following:			
	Jean-Pierre Valdez				
		Name of Person			
	AB Diagnostics LLC				
		Firm Company			
	1015 Atlantic Blvd Suite	174			
		Address			
	Atlantic Beach, FI, 32233				
	·	City State and Zip Code	·		
	Abtravelllc05@gmail.com	to be used for future annual repo			
			or notheadon)		
For further information of	concerning this matter, please c				
Jean-Pierre Valdez		904 343-2- ar ()			
Name o	of Person	Area Code Γ	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 tadditional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Addre			
Registration Division of C			Registration Section		
P.O. Box 632	-	Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

AB Diagnostics LLC

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	s appears on our records.) upany)
the Articles of Organization for this Limited Liability Company were filed	I on and assigned
lorida document number 1.22000390495	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability comp	oany here:
AB Travel LLC	
he new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C"
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	ı
nter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	24 S
	لنا هي :
	19
3. If amending the registered agent and/or registered office address or	a our records, enter the name of the new regi
gent and/or the new registered office address here:	<u></u>
	_
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	nter Florida street address
	, Florida
	, a 11/1 11/14

Thereby 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
MGR	Amanda Valdez	1015 Atlantic Blvd Suite 174 Atlantic Beach, FL 32233	
			TRemove
			TChange
			TRemove
			= Change
			
			TRemove
			= Change
			□Remove
			TChange
			TRemove
			TChange
			□Remove
			□Change

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in effec	e date, if other than the date of filing tive date is listed, the date must be specific and	cannot be prior to	late of filing or more th	(option: ian 90 days after fili	(1) ng.) Pursuant to 605-02
<u>iote:</u> If	the date inserted in this block does not m	sect the applicabl	e statutory filing rec	juirements, this di	ite will not be listed.
ocumen	nt's effective date on the Department of St	tate's records.			
record.	specifies a delayed effective date, but not :	an effective time	, at 12:01 a.m. on th	e earlier of: (b)	The 90th day after th
	:				
		2024			
d is filed S	eptember 6	2024			
d is filed S	eptember 6	/1/			
d is filed S	eptember 6	<u> </u>			
d is tiled			ed representative of a	member	

Typed or printed name of signee