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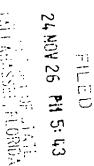
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

	Registration Division of C					
aun 10.		Gambit Diagnostics LLC  T:				
SUBJEC						
The encl	osed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please re	turn all corres	spondence concerning this matte	r to the following:			
		Beau Burroughs				
			Name of Person	<u> </u>		
		Gambit Diagnostics LLC				
			Firm/Company			
		22051 NW 87th Avenue	Rd			
			Address			
		Micanopy, FL 32667				
			City/State and Zip Code			
		beausburroughs@gmail.co				
		E-mail address:	(to be used for future annual report no	otification)		
For furth	er informatio	n concerning this matter, please	call:			
Beau Bu	irroughs		301 606-8179 at ()			
Name of Person		e of Person	Area Code Dayti	me Telephone Number		
Enclosed	l is a check fo	or the following amount:				
<b>■ \$2</b> 5.	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 Add		Street Address: Registration S	ection		
Registration Section Division of Corporations			Division of Co			
	P.O. Box 6		The Centre of	Tallahassee		
	Tallahasse	e. FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gambit Diagnostics		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recor ability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company villorida document number <u>L22000481268</u> .	vere filed on 11/9/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LL	C" or the abbreviation "L.L.C."
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)		W 26 PH 5: U3
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>ente</u>	r the name of the new registe
New Registered Office Address:		
	Enter Florida street addre	?SS
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity. If performance of my duties, c	urther agree to comply with t md 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>	<u>Address</u>	Type of Action
MGR	April Darling	22051 NW 87th Avenue Rd	□Add
		Micanopy, FL 32667	□Remove
			= Change
AMBR	Beau Burroughs	22051 NW 87th Avenue Rd	<b>=</b> Add
		Micanopy, FL 32667	□Remove
			□ Change
			□Add
			□Remove
			Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
			Change

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ective date if other	than the date of filing	<u>.</u>		(optio	nal)	
n effective date is listed.	than the date of filing he date must be specific and of d in this block does not me	cannot be prior to d	ate of filing or more	e than 90 days after t	iling.) Pursuant to 605	.0207 ed as
cument's effective dat	e on the Department of St	ate's records.	statutory filling i	requirements, this	date will not be fish	cu 43
	ed effective date, but not a	an effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th day after	r the
is filed.						
11/22/2024		12:01 AM				
ted		<del></del>				
	Bean A	- PUN A				
	Signature of a m	ember or annoaze	ed representative of	f a member		
Beau Burrou	ghs					
	<del></del>	Typed or printed n	ame of signee			

Filing Fee: \$25.00