## 12300013511a

(F	Requestor's Name)
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PICK-UP	WAIT MAIL
	Business Entity Name)
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((	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	lioo Officer:
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	J. HORNE
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Optimum Health Lab Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bridget L. Harnoton Name of Person
Fastrac Mobile Notary Services LLC
1722 Sheridan Street Suite 384
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bridget L: Hampton at (954) 841-0781 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF A	AMENDMENT وح
TO A DITICULES OF O	DCANIZATION
ARTICLES OF O	RGANIZATION (1) (2)
Optimum Health I.	AMENDMENT  O RGANIZATION  F  D Services 1.10
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 123000125172	were filed on $\frac{03/14/2023}{4}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability for the new name must be distinguishable and contain the words "Limited Liability for the new name must be distinguishable and contain the words "Limited Liability for the new name must be distinguishable and contain the words "Limited Liability for the new name of the limited liability for the new name of the new name	ry Services LC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1838 Funston Street Apt. FANT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1722 Sheridan Street Suite 384 Hollywood, FL 33020
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amendin or removed	g Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, an	d address of each person being add			
or removed from our records:  MGR = Manager  AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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			□Change			
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n effective date <u>te:</u> If the dat	, if other than the date of filing:	05.0207 ( sted as t
ecord specific	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aff	ter the
ted <u>C</u>	tober 13, 2023	
	/ HAMP WI (X & NAME) WY	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00