

L23000465020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

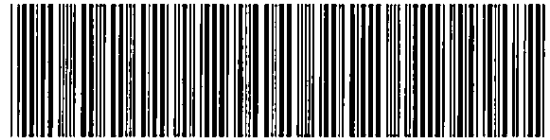
(Business Entity Name)

(Document Number)

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R. HUNT

12/21/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vista Diagnostic 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:

Julie Valsien

Name of Person

Vista Diagnostic LLC

Firm Company

698 sw bayshore blvd

Address

port st lucie, fl 34983

City/State and Zip Code

info@vistalabtests.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Valsien

561 870-5121

at (_____) _____

Name of Person

Area Code

Daytime 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
(additional copy is enclosed)

☐ \$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**

Vista Diagnostic LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-09-2023 and assigned
Florida document number L23000465020.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Vista Lab Tests LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

698 SW Bayshore Blvd

PORT ST LUCIE, FL 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

745 SE FALLON DR

PORT ST LUCIE FL 34983

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Julie Valsien

New Registered Office Address:

745 SE Fallon Dr

Enter Florida street address

Port st Lucie

City

, Florida 34983

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Julie Valsien	745 SE Fallon Dr	<input checked="" type="checkbox"/> Add
		port st lucie fl 34983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Vista Lab Tests LLC	698 SW Bayshore Blvd	<input checked="" type="checkbox"/> Add
		Port st Lucie, FL 34983	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF SUPERIOR COURT
DIVISION OF CONSUMER AFFAIRS

[illegible]

THE JOURNAL OF LAW, ECONOMICS, & ORGANIZATION, V16 N1

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Julie Dodson
Signature of a member or authorized representative of a member

Julie Valsien
Typed or printed name of signer

Filing Fee: \$25.00