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SECRETABY OF STATE

## **COVER LETTER**

TO:

**Registration Section** 

Divi	sion of Cor	porations			
	SGT DIES	EL DIAGNOSTICS, LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		SANDOR GARRIDO			
			Name of Person		-
			Firm/Company	-	-
		27045 SW 140 PATH			
			Address	•	-
		HOMESTEAD, FL. 3303	32		207 SE
		SGTDIESELDIAGNOSTIC			I APR
For further in	formation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not	ification)	2024 APR 16 PM 4: 18 SECRETARY OF STATE TALL ALPASSEE, FIL
SANDOR GA	ARRIDO		786 518-8634 at ()		
	Name o	f Person		e Telephone Number	m ∞
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Reg	ing Addres	Section	Street Address: Registration Se	ction	
	ision of C . Box 632	orporations	Division of Cor	rporations	
	ahassee, I		The Centre of T 2415 N. Monro	ranassee e Street, Suite 8	10

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SGT DIESEL DIAGNOSTICS, LLC

( <u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our re rida Limited Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Florida document number 1.24000157799	Company were filed on 04/02/2024		nd assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "	LLC" or the abbrevia	tion "L.L	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	DRESS)	E E E E E E E E E E E E E E E E E E E	202	
			7	ti iş işi
		27	<del></del>	
Catan and madding address if an Parklas			σ١	1
Enter new mailing address, if applicable:			<del></del>	1 1
(Mailing address MAY BE A POST OFFICE BOX)		rr <sub>co</sub>	===	7.me
			- <u>:-</u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	red office address on our records, <u>er</u> <u>2</u> :	nter the name of t	he new	registerec
New Registered Office Address:	Enter Florida street ac	ldress		
		m		
	City	, Florida	Code	<del></del>
New Registered Agent's Signature, if changing Registe	red Agent:			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of my duties agent as provided for in Chapter 6 ered office address, I hereby confirm	s, and I am famili 05, F.S. Or, if thi	ar with s docun	and nent is

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	SANDOR GARRIDO	27045 SW 140 PATH HOMESTEAD, FL. 33032	■Add
			□Remove
			□Change
MGR	ALAINA DENACIMIENTO	27045 SW 140 PATH HOMESTEAD, FL. 33032	■Add
			□Remove
		<del></del>	Change
MGR	SANDOR GARRIDO	27045 SW 140 PATH HOMESTEAD, FL. 33032	□Add
			<b>=</b> Remove
			□Change
AMBR	ALAINA DENACIMIENTO	27045 SW 140 PATH HOMESTEAD, FL. 33032	□Add
			■Remove
			2024 Capange Ti
		(2)** 교급 (구)	B □ SAa II
			CF S ORomove
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ursuant to 605	ASSEE. FL

Filing Fee: \$25.00