

L24000354944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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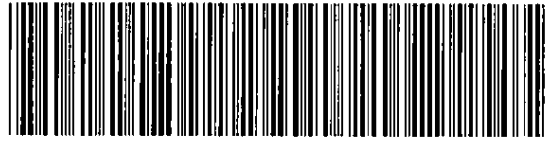
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEQUENTIAL DIAGNOSTICS 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:

MONICA R. TRAMEL

Name of Person

SEQUENTIAL DIAGNOSTICS LLC

Firm/Company

3117 SPRING GLEN RD SUITE 402

Address

JACKSONVILLE, FLORIDA 32207

City/State and Zip Code

TRAMEL@SEQUENTIALDIAGNOSTICS.COM

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

For further information concerning this matter, please call:

MONICA R. TRAMEL

904

977-5770

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**

SEQUENTIAL DIAGNOSTICS 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 08/13/2024 and assigned Florida document number L24000354944.

This amendment is submitted to amend the following:

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

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)

3117 SPRING GLEN RD

SUITE 402

JACKSONVILLE, FLORIDA 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3117 SPRING GLEN RD

SUITE 402

JACKSONVILLE, FLORIDA 32207

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ALACHUA COUNTY, FLORIDA

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:

New Registered Office Address:

3117 SPRING GLEN RD SUITE 402

Enter Florida street address

JACKSONVILLE

City

Florida 32207

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	MONICA R TRAMEL	3117 SPRING GLEN RD	<input checked="" type="checkbox"/> Add
		SUITE 402	<input type="checkbox"/> Remove
		JACKSONVILLE, FL 32207	<input type="checkbox"/> Change
AR	ANGELA BOACHIE-FREEMAN	3117 SPRING GLEN RD	<input checked="" type="checkbox"/> Add
		SUITE 402	<input type="checkbox"/> Remove
		JACKSONVILLE, FLORIDA 32207	<input type="checkbox"/> Change
MGR	BOACHIE ANGELA A	10151 DEERWOOD PARK BOULEVARD	<input type="checkbox"/> Add
		BUILDING 200, SUITE 250	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FLORIDA 32256	<input type="checkbox"/> Change
MGR	TRAMEL MONICA R	10151 DEERWOOD PARK BOULEVARD	<input type="checkbox"/> Add
		BUILDING 200, SUITE 250	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE, FLORIDA 32256	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 19TH

2024

2024

Matthew B. 220

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

MONICA R TRAMEL

Typed or printed name of signee