

Jun 18 2015 1:44PM

NASON YEAGER GERSON WHITE 5614710894

p. 1

Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6333

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
Fax Number : (561) 471-0894

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

bmanna@nasonyeager.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OMNIA LABS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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15 JUN 18 PM 1:45

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15 JUN 18 AM 8:56

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JUN 19 2015

J SHIVERS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Omnia Labs, LLC
2. The Florida document number of this limited liability company is: M14000008005
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 11/4/14

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Omnia Diagnostics, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. 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: \_\_\_\_\_

Enter Florida Street Address

City

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.*

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

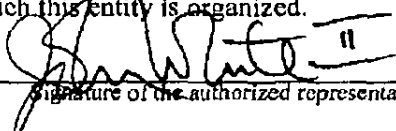
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TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
 \_\_\_\_\_  
 Signature of the authorized representative  
 John White, II, Esq., Authorized Representative  
 \_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMNIA DIAGNOSTICS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OMNIA DIAGNOSTICS, LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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15 JUN 18 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5566302 8300

150903813

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2453186

DATE: 06-10-15

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "OMNIA LABS, LLC", CHANGING ITS NAME FROM "OMNIA LABS, LLC" TO "OMNIA DIAGNOSTICS, LLC", FILED IN THIS OFFICE ON THE FOURTH DAY OF JUNE, A.D. 2015, AT 7:31 O'CLOCK P.M.

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15 JUN 18 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5566302 8100

150882659

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Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2444572

DATE: 06-08-15

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 07:41 PM 06/04/2015  
FILED 07:31 PM 06/04/2015  
SRV 150882659 - 5566302 FILE

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT


1. Name of the limited liability company is Omnia Labs, LLC and the file number is 5566302.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The First Article is hereby amended to read:

The name of the limited liability company is Omnia Diagnostics, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 31<sup>st</sup> day of May, 2015.

  
\_\_\_\_\_  
John White II,  
as Authorized Representative