PU6000037871

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: RT DIAGNOSTIC	INC	
DOCUMENT NUM	P06000037871		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	itter to the following:	
	ROBERTO DELGADP		
		Name of Contact Person	1
	RT DIAGNOSTIC INC		
		Firm/ Company	
	8415 SW 24 ST SUITE 203		
		Address	
	MIAMI, FLORIDA 33155		
		City/ State and Zip Code	2
	info@rtdiagnostic.net		
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
ROBERTO DELGA	ADO	305	559-2121
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, Fl. 32303

Articles of Amendment to Articles of Incorporation of

DT:	1313	CN	OST	10	INC

(Name o	f Corporation as currer	itly filed with the Florida De	pt. of State)
P06000037871			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment(s) t
A. If amending name, enter the new na	ume of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corporation	l" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A	
		N/A	
		N/A	
			•)
C. Enter new mailing address, if appli (Mailing address MAY BE A POST O		N/A	
(<u></u>		N/A	सु
		N/A	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			ame of the
	N/A		
	(Florida :	street address)	
Now Registered Office Address	N/A		, Florida N/A
New Registered Office Address:	1977		F1011ud

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
E) Change	V	JENNIFER DELGADO	8415 SW 24 ST SUITE 203
X Add			MIAMI, FLORIDA 33155
Remove		-	
2) Change			
Add		-	
Remove 3) Rhange			
Add		_	
Remove		-	
4) Change			
Add			
Remove		_	
5) Change			
Add		-	
Remove		_	
6) Change			
, Add			
Remove		-	

(Attach additional sheets, if necessary). (Be specific) N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

•

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file	(date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requir Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for d sufficient for approval.	ne amendment(s)
	pproved by the shareholders through voting groups. <i>The fore each voting group entitled to vote separately on the amer</i>	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv		
·,	(voting group)	
11/19/20. Dated	20	
selec	director, president or other officer – if directors or officers ed. by an incorporator – if in the hands of a receiver, truste inted fiduciary by that fiduciary)	
	ROBERTO DELGADO	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	