## P16000066322

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	LIF	E DIAGNOSTICS USA	A, INC.		
DOCUMENT NUMBER:	P160	00066322			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence	e concerning this ma	tter to the following:			
	<u>.</u>	Sonia Becerra			
		Name of Contact Person	n		
	Swyft Filings				
-	Firm/ Company				
	12605 East Freeway Suite 509				
<del>- :-</del>	Address				
		Houston, Texas 7701	15		
<del>,</del>		City/ State and Zip Cod	e		
	1	filings@swyftfilings.con	1		
E-m	ail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
Sonia	Весегга	at (877			
Name of Contac	t Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
	3.75 Filing Fee & ertificate of Status	□\$43.75 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		Street Address Amendment Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

ACCULTANT OF STATE OF STATE OF STATE OF CONTORALS

LIFE DIAGNOSTICS USA, INC.

2017 JAN - 3 FM 1: 38

(Name of Corporation as currently)	filed with the Florida Dept. of State)
P16000066	322
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $Fl$ ts Articles of Incorporation:	orida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation;	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Covord "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	s in Florida, enter the name of the
(Florida street	address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
Cionatura of New Dea	istared Apout if changing

Signature of New Registered Agent, if changing

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)

Remove

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DIR	RAY GALLEGO	1314 E LAS OLAS BLVD
Add			FORT LAUDERDALE, FL 33301
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			

imon autonomic sinces, of inclusion y),	icles, enter change(s) here: (Be specific)
	<u> </u>
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an angular itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an angular the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and the amendment itself:

The date of each amendment(s) adoption:	12/14/2016	, if other than the
date this document was signed.		or the TAIL And the
Effective date if applicable:		THE THE CONTRACT OF THE PROPERTY OF THE PROPER
	(no more than 90 days after amendment file date)	2017 JAN -3 PM 1:38
<b>Note:</b> If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, f State's records.	this date will not be listed as the
Adoption of Amendment(s)	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amen approval.	dment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. The following group entitled to vote separately on the amendment(	statement (s):
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by	ting group)	
(vo	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder	reholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareho	lder
12-26-2016 Dated		
X Signature Patricia	Farr	
(By a director, pres selected, by an inc	sident or other officer – if directors or officers have no orporator – if in the hands of a receiver, trustee, or other by by that fiduciary)	
	PATRICIA FARR	
	(Typed or printed name of person signing)	
	PRESIDENT	
<del></del>	(Title of person signing)	