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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AMERICA DIAG	NOSTIC INC	
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	LOUIDOR, JAMES AND FE	RANCOIS, GUILRENS,	
		Name of Contact Persor	1
	AMERICA DIAGNOSTIC II	NC	
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	100 East Linton Blvd, Suite 2	104A	
	Address		
	Delray Beach, FL 33483		
		City/ State and Zip Code	-
amer	icadiagnosticinc@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
FRANCOIS, GUILR	ENS	at (<u>561</u>	935-8599
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check fe	or the following amount made	payable to the Florida Depa	riment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
	iling Address endment Section	·	Address Iment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahaccee, El. 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

AMERICA DIAGNOSTIC INC

1000000000	ly filed with the Florida Dept. of State)	
19000030015		
(Document Number of	f Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendn	nent(s) t
If amending name, enter the new name of the corporation:		
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation "	'Co''. A professional corporation name must contain th	on -
. Enter new principal office address, if applicable:	100 East Linton Blvd. Suite 204A	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Delray Beach, FL 33483	-
		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 East Linton Blvd, Suite 204A	
	Delray Beach, Ft. 33483	-
	20/19 SE: TA.	-
 If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address 		
new registered agent and/or the new registered office address	$\frac{1}{N_{\Omega}}$ $\frac{1}{N_{\Omega}}$	Stern,
Name of New Registered Agent		
(Florida str	reet address)	
	ti C	
New Registered Office Address:	. Florida	

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)

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>рт</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	PAUL, JAMES	900 LINTON BLVD SUITE 200B
Add X Remove			DELRAY BEACH, US 33444 FL
2) Change			
Add			
3) Change			
Add Remove			
4) Change		_	
Add			
5) Change			
Add			
6) Change			
Add			
Remove			

(Attach add	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary).— (Be specific)
√A 	
. <u>If an amei</u>	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provisior (if no	ns for implementing the amendment if not contained in the amendment itself: or applicable, indicate N/A)
!/A	

	07/01/2019	
The date of each amendment(s) a late this document was signed.	doption:	, if other than the
-	1/2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	nt jile date)
Note: If the date inserted in this I document's effective date on the De	plock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- by the shareholders was/were sa	opted by the shareholders. The number of votes east ifficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
	for the amendment(s) was/were sufficient for approv	al
by	(voting group)	."
,	(voting group)	_
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder a	etion and shareholder
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action	and shareholder
07/01/2019 Dated Signature	louidos Illele	Level 1
selecto	lirector, president or other officer – if directors or off d, by an incorporator – if in the hands of a receiver, t ted fiduciary by that fiduciary)	rustee, or other court
	JAMES LOUIDOR AND GUILRENS FRANCOIS	
	(Typed or printed name of person signing	g)
	CFO AND PRESIDENT	
	(Title of person signing)	