P19 000090711

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Codifical Cooler Codificator of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
JUL 28 2022					
JOF 50 SOFE					

Office Use Only



600387908736

05/23/22--01008--015 *+43.75

FILED
2022 HAY 23 PH 3: 0

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RYAN DIAGNOS	TICS OF FLO	RIDA, INC.	***************************************
	BER: P19000090711			
The enclosed Articles	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corre	spondence concerning this ma	tter to the follo	wing:	
	Hunter Stahl			
		Name of Co	ontact Persor	1
	Threlkeld Law, P.A.			
		Firm/ C	Company	
	3003 Tamiami Trail N., Suite	400		
		Ade	dress	
	Naples, FL 34103			
		City/ State a	and Zip Code	0
	hunter@napleslegal.net			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further informatio	n concerning this matter, pleas		239	234-5034
Name	of Contact Person	ai (Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the	Florida Depa	artment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified ((Additiona enclosed)	Сору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314		Amend Division The Co 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

I ALC	SECRETARY SEE	2022 MAI 63	HA SO	777	1
)	1.1	5.	بب	,	

RYAN DIAGNOSTICS OF FLORIDA, INC.

(Name o	of Corporation as currently	filed with the Florida Dept. of State	3) Fig. 3;
P19000090711			25 9
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F7	orida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must he distinguishable and contain "Inc.," or Co.," or the designation "C	Corp," "Inc," or "Co". A	mpany," or "incorporated" or the abi professional corporation name mus	The new hreviation "Corp.," t contain the word
"chartered," "professional association,"	or the abbreviation "P.A."		
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent and the second seco	<u>OFFICE BOX</u>)	ss in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	Threlkeld Law, P.A.		
	3003 Tamiami Trail N., Suit	e 400	
	(Florida stree	t address)	
New Registered Office Address:	Naples	, Florida	34103
	(0	Ciry)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar wi		osition.
	Signature of New Reg	sistered Agent, if changing	

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)

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	<u>PT</u>	John Doc	<u>e</u>	
X Remove	<u>v</u>	Mike Jon	nes	
X Add	<u>sv</u>	Sally Sm	iith	
Type of Action (Check One)	Title		Name	Address
1)Change		-		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		- -		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
	A STATE OF THE STA	
		
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
rovisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Č		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this ledocument's effective date on the D	block does not meet the applicable statutory filing requirement epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the ame ufficient for approval.	endment(s)
must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment for the amendment(s) was/were sufficient for approval	g statement l(s):
	••	
	(voting group)	
,√(By,≇d	18 2022 L A HOLL C irector, president or other officer – if directors or officers have n	ot been
/ solector	d, by an incorporator – if in the hands of a receiver, trustee, or of ted fiduciary by that fiduciary)	ther court
- 	Tond S. HELLMUTH (Typed or printed name of person signing)	
	RESIDENT (Title of person signing)	
	(Title of person signing)	