L07000030632

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SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Florida Drug Screens, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony E. Fanelli (Name of Person)
Florida Drug Screens, LLC (Firm/Company)
12910 Prestwick Drive
Riverview FL 33579 (City/State and Zip Code)
For further information concerning this matter, please call:
Anthony E. Fanelli at (813) 484-9619 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \$\text{Cer

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 JAN 25 PM 12: 27

Florida Drug Screens, LLC

(Name of the Limited Liability Company as it now appears on

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>March 21, 2007</u> and assigned Florida document number <u>L070000 30632</u>.

This amendment is submitted to amend the following:

A.	If amending nam	e, <u>enter the</u>	new name	of the limite	<u>d liability</u>	company	here:
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The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

B. 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:

-	(City)	, Florida(Zip Code)
New Registered Office Address:	(Enter Flor	ida street address)
Name of New Registered Agent:		

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 608, 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)

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Title <u>Address</u> **Type of Action** Name 6526 Central Avenue 51. petersburg, FL 33707 Margarejo, Raul Add 🗌 Remove Remove Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated January Anthony & Fanelli

Signature of a member or authorized representative of a member

Anthony E. Fanelli Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00