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COVER LETTER

TO: Registration Se Division of Cor				
	DLOGY CONSULTANTS,LL	С		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MICHAEL JMILLER			
		Name of Person		
	MICROBIOLOGY CONS	SULTANTS,LLC		
		Firm/Company		
	19009ST. LAURENT DF	IIVE		
		Address		
	LUTZ, FL 33558			
		City/State and Zip Code		
	MJM@MICROBIOLOGY			
		to be used for future annual report notificat	2015 APR	-11
For further information of	oncerning this matter, please c	all;	超 易	الادمانيون الادمانيون
MICHAEL JMILLER		727 437-2743 at ()	38.87 V38.47 10	
Name o	f Person	Area Code Daytime Te	lephone Number	C
Enclosed is a check for the	he following amount:		TO O'S	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

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

MICROBIOLOGY CONSULTANTS, LLC	
(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 FEB24,2009 and assign Florida document number L09000018366 and assign Florida document number L09000018366	gned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L	.C."
Enter new principal offices 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)	
B. If amending the registered agent and/or registered office address on our records, enter the name or registered agent and/or the new registered office address here:	f the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address Florida Florida	PARTY THE
City Code	usan en
New Registered Agent's Signature, if changing Registered Agent:	U.
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CHRISTINE E COLL	19009 ST. LAURENT DRIVE	≣ Add
		LUTZ, FL 33558	□ Remove
		Change	
			□ Remove
			Change
		□ Add	
			☐ Remove
			Change
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		**************************************	□ Remove
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			ORIDA Change
·			
			☐ Remove
			□ Change

If amending any other information,	enter change(s) here: (Attach additional sh	eets, if necessary.)
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Note: If the date inserted in this block d	e of filing: pecific and cannot be prior to date of filing or more than loes not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as t
ne record specifies a delayed eff The 90th day after the record i	ective date, but not an effective time, a	
Dated APRIL 16	2016	ZIS PRI
	- White	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
Q:	ture of a member opporthogrand representative of a me	mher m
Sign:	ature of a member or authorized representative of a me	mber TO T

Page 3 of 3

Filing Fee: \$25.00