

L11000087935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

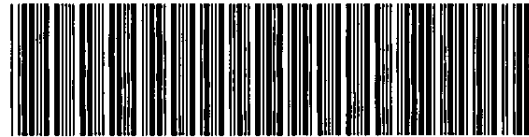
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HALL COUNTY FLORIDA

JUN 05 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 19, 2014

RICK MCCULLOUGH  
570 OCEAN DRIVE, SUITE 302  
JUNO BEACH, FL 33408

SUBJECT: GUARDIAN LABORATORY SERVICES, L.L.C.  
Ref. Number: L11000087935

We have received your document for GUARDIAN LABORATORY SERVICES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 314A00010745

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2014 MAY 29 PM 1:59

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2014

RICK MCCULLOUGH  
570 OCEAN DRIVE, SUITE 302  
JUNO BEACH, FL 33408

SUBJECT: GUARDIAN LABORATORY SERVICES, L.L.C.  
Ref. Number: L11000087935

We have received your document for GUARDIAN LABORATORY SERVICES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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Deborah Bruce  
Regulatory Specialist II

Letter Number: 714A00009737

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GUARDIAN LABORATORY SERVICES  
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:

NAME CHANGE  
ONLY

Rick McEllough  
Name of Person

Firm/Company

570 OCEAN Dr. JUND BEACH UNIT 302  
Address

FLA. 33408  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) 561 846 2000  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$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

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TALLAHASSEE FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GUARDIAN LABORATORY SERVICES

(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 AUG 1 / 2011 and assigned  
Florida document number 111000087935

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

x CONFIRMATION CONSULTANTS, L.L.C.

The new name must be distinguishable and end with 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 of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**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 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 Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
	NO		<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FLORIDA  
MAY 29 2014

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NAME ONLY

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

4/22/14

Richard M. McEllough

Signature of a member or authorized representative of a member

RICHARD M'CELLOUGH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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HALL OF RECORDS