## L11000087935

	(Requestor's Name)
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	(Business Entity Name)
	(Document Number)
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July 28, 2015

RICHARD MCCULLOUGH GUARDIAN LABORATORY SERVICES, LLC 2459 SAN PIETRO CIRCLE PALM BEACH GARDENS, FL 33410

SUBJECT: CONFORMATION CONSULTANTS, L.L.C.

Ref. Number: L11000087935

We have received your document for CONFORMATION CONSULTANTS, L.L.C. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L13000139143 M.D. REVENUE LLC.

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.

Stacey M Mason Regulatory Specialist II

Letter Number: 115A00015799

## COVER LETTER (

TO:	Registration Se Division of Cor	ction porations		ž	·
SUBJ	ЕСТ:		Leboratory Services, LLC Cited Liability Company	ngitampatna	Consultants L.L.C.
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Richard McCullough		
			Name of Person		
		Guz	ardian Laboratory Services, LLC	<del>!</del>	
			Firm/Company		
			2459 San Pietro Circle		
			Address		
		Pa	lm Beach Gardens, FL 33410		
			City/State and Zip Code		
			rickmc75@aol.com		
		E-mail address: (	to be used for future annual report i	notification)	
For fu	rther information c	oncerning this matter, please c	all:		
	Richard N	AcCullough	561 846-2	2000	
	Name o	f Person		time Telephone Number	
Enclo	sed is a check for th	ne 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 St Certified Copy (additional copy is e	atus &
	MAIR	INC ADDDECS.	CTDEET/COL	IDIED ADDRESS.	

MAILING ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conformation Consultants, L.L.C.

(Name of the Limited Liabil	ity Company as it now appears of a Limited Liability Company)	n our records.)			
(A Florid	a Limited Liability Company)				
The Articles of Organization for this Limited Liability O	Company were filed on	08/01/2011	and assigned		
Florida document number L11000087935					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company here	:			
The new name must be distinguishable and contain the words "Lin	LC nited Liability Company," the design	enation "LLC" or the ab	breviation "L.L.C."		
	, , ,	,			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD)	<u> </u>				
	· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
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		······			
B. If amending the registered agent and/or regis		ur records, enter	the name of the new		
registered agent and/or the new registered office add	<u>lress here</u> :				
	,				
Name of New Registered Agent:			<del> </del>		
New Registered Office Address:	r ri. v				
	Enter Florida street address				
	City	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registere	•		<b>-</b>		
I hereby accept the appointment as registered agent		acity I further as	ree to comply with the		
provisions of all statutes relative to the proper and of	complete performance of my	y duties, and $I$ am $f$	familiar with and		
accept the obligations of my position as registered a being filed to merely reflect a change in the register					
company has been notified in writing of this change.		.ongirm that the tin	inea monny		
2 merulanah		To an	22		
AUTHORIZATION BY MODIL to			5 TI		
CORRECT_MME   Amended mme	If Changing Registered Agent	, Signature of New Re	giste Ed Agent		
DATE QIZIE PRICIDED I COMP	Page 1 of 3	55.	2 - 1		
	ragerus	اس			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
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