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· (Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE

D. BRUCE WIN 28 2016

COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT: En	VIROTEK Name of Lim	Resources, LL ited Liability Company			
The enclosed Articles of Art	endment and fee(s) are sub	mitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	John	7 T. Keiser Name of Person			
	Envirot	Firm/Company	uc		
	<u> </u>	Blanca Av	<u>e</u>		
	TAN	NPG FL 33 City/State and Zip Code	606		
-	E-mail address: (to be used for future annual report notification	1)	2016 SECTALL	
For further information conc	erning this matter, please ca	all:		12 11	
Schn T. Name of Pe	Keiser	at (813) 545 - 5 Area Code Daytime Telep	337 phone Number	2016 NOV 23 P 4: 37 SECRETARY OF STATE ALLAHASSEE. FLORIDA	FILED
Enclosed is a check for the fo	ollowing amount:				
\$25.00 Filing Fee	3 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

EnviroTet	Researces d Liability Company as It now appear A Florida Limited Liability Company)	LLC	
(Name of the Limited	d Liability Company as it now appears A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia		8/3/2011 and assigned	
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	re:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applica	ble:		_
(<u>Principal office address MUST BE A STREET</u>	ADDRESS)		_
	12.		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>		-
B. If amending the registered agent and/o registered agent and/or the new registered offi			new
Name of New Registered Agent:	J.T. Keis 324 BLAY	er, LL器 艺一	
New Registered Office Address:			<u></u>
		da street address 53 69 6	,
	City	, Florida <u>つりくする</u> 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 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
MGRM	The Keiser	Family Living 1	TINST	PO	Box	< 5689	🗆 Add
			_1AI	mpa	FL	33675	Remove
-						,-	Change
MGR	S.T. Kei	ser, uc	PC	BC	× 5	489	D Add
			TAY	mpa	FL ?	3675	Remove
					·······		Change
				, etc.			□ Add
					<u> </u>		Remove
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	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	nt's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Outh day after the record is filed.
, .	
	1104-001-6 01 2011
Dated	November 21 2016
	Signature of a member or authorized representative of a member
	Signature of a granter of agratorized representative of a member

Page 3 of 3

Filing Fee: **\$25.00**