

L11000139945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

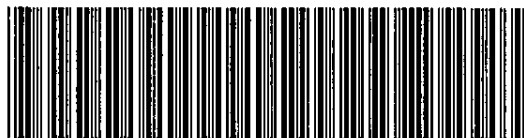
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FILED
2015 MAR -3 AM 10:22
STATE OF FLA
TALLAHASSEE, FL 32304

Ms. Ching MAR 24 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2015

KRUGER & SCHWARTZ
3339 TAYLORSVILLE ROAD
LOUISVILLE, KY 40205

SUBJECT: ESSENTIAL MOLECULAR TESTING CORP LLC-PGXL
PARTNERS LLC
Ref. Number: L11000139945

We have received your document for ESSENTIAL MOLECULAR TESTING CORP LLC-PGXL PARTNERS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 015A00003780

LAW OFFICES
KRUGER & SCHWARTZ

3339 TAYLORSVILLE ROAD
LOUISVILLE, KENTUCKY 40205

(502) 485-9200

TELECOPIER (502) 485-9220

RAND E. KRUGER
RICHARD A. SCHWARTZ*
MYRLE L. DAVIS**
TRACY L. HIRSCH
D. BRIAN RATLIFF
JOHN E. BRENGLE***

OF COUNSEL
KENNETH L. GIBSON, JR.

INDIANA OFFICE:
501 STATE STREET
NEW ALBANY, INDIANA 47150
(812) 945-9200

PRESTON HWY OFFICE:
8508 PRESTON HIGHWAY
LOUISVILLE, KENTUCKY 40219
(502) 485-9200

February 12, 2015

*ALSO ADMITTED IN INDIANA & OHIO
**ALSO ADMITTED IN NEW YORK & PENNSYLVANIA
***ALSO ADMITTED IN INDIANA

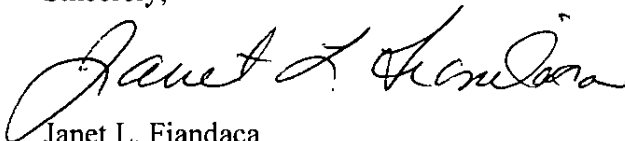
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Essential Molecular Testing Corp, LLC – PGXL Partners, LLC

Dear Sir/Madam:

Enclosed please find Articles of Amendment to Articles of Organization, the completed cover letter form with contact information, and a check in the amount of \$25.00 regarding the above-referenced limited liability company.

Sincerely,



Janet L. Fiandaca
Paralegal to Rand E. Kruger

JLF/hs

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESSENTIAL MOLECULAR TESTING CORP, LLC

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:

RAND E. KRUGER

Name of Person

KRUGER & SCHWARTZ

Firm/Company

3339 TAYLORSVILLE ROAD

Address

LOUISVILLE, KENTUCKY 40205

City/State and Zip Code

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

For further information concerning this matter, please call:

Rand E. Kruger

502 485-9200
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED
2015 MAR -3 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ESSENTIAL MOLECULAR TESTING CORP, LLC - PGXL PARTNERS, 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 12/13/2011 and assigned
Florida document number L11000139945.

This amendment is submitted to amend the following:

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

ESSENTIAL MOLECULAR TESTING, LLC

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

City, **Florida** *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
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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 FEBRUARY 2, 2015



Signature of a member or authorized representative of a member

SCOTT K. GOODMAN, MANAGER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA