

L13000081189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

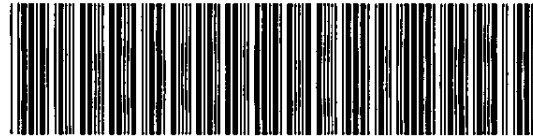
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 27 2013
T. HAMPTON

**TO: Registration Section
Division of Corporations**

SUBJECT: TOTAL LABORATORY SOLUTIONS, 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:

DENNIS TROXELL

Name of Person

TOTAL LABORATORY SOLUTIONS, LLC

Firm/Company

4103 N. SAN ANDROS

Address

WEST PALM BEACH, FL. 33411

City/State and Zip Code

ROCKSTARCONSULTANT@YMAIL.COM

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

For further information concerning this matter, please call:

DENNIS TROXELL

Name of Person

at (954) 7329817

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

TO
ARTICLES OF ORGANIZATION
OF

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TOTAL LABORATORY SOLUTIONS, 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 06/05/2013 and assigned
Florida document number L13000081189

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 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 608, 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

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TALLAHASSEE, FLORIDA

MGR = Manager
MGRM = Managing Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LIZET DIBERNARDO	1393 S ANDREWS AVE	<input type="checkbox"/> Add
		POMPANO BEACH, FL.33069	<input checked="" type="checkbox"/> Remove
MGRM	DENNIS TROXELL	1393 S ANDREWS AVE	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL.33069	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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Add
CLERK OF COURT
TALLAHASSEE, FLORIDA

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

Dated NOVEMBER 15, 2013.



Signature of a member or authorized representative of a member

LIZET DIBERNARDO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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