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## **COVER LETTER**

TO: Registration S Division of Co		
	al Laboratories, LLC	
SUBJECT:	Name of Limited Liability Company	<del></del>
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
•	Bruce R. Abernethy, Jr., Esq.	
	Name of Person	
	Bruce R. Abernethy, Jr., P.A.	
	Firm/Company	<del>121 - 12 - 12 - 12 - 12 - 12 - 12 - 12 </del>
	130 S. Indian River Drive, Suite 201	
	Address	<del></del>
	Fort Pierce, FL 34950	2215
	City/State and Zip Code	25 EB - F
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	2. S. H. S
Bruce R. Aberneth	hy, Jr. 772 489-4901	PH 12: 28 OF STATE FE FLORIDA
Name	of Person Area Code Daytime Telephone	Number
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	Certificate of Status 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

National Laboratories, LLC	•	
(Name of the Limite	ed Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Ei	ability Company were filed on January 8	, 2014 and assigned
Florida document number L14000004282	<del></del>	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with the v	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)		
(maning maress mar be A 1 051 OFFICE)		2015
B. If amending the registered agent and/o	<del>-</del>	
registered agent and/or the new registered of	fice address here:	
		CF STA
Name of New Registered Agent:	Bruce R. Abernethy, Jr.	
New Registered Office Address:	130 S. Indian River Drive, Suite 2	01 👼 🖰 🗪
•	Enter Florida street ac	ldress
	Fort Pierce	, Florida <u>34950</u>
•	City	Zip Code
New Registered Agent's Signature, if changing R	Registered Agent:	
I hereby accept the appointment as registered	d agent and agree to act in this canacity.	I further agree to comply with th

provisions of all statutes relative to the proper and completé 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

Page 1 of 3

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** \_ Add ☐ Remove \_□ Add ☐ Remove □ Add \_\_\_\_\_ □ Remove Adata Remove PH ☐ Remove \_□ Add ☐ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

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		·
etive date, if other than the dat Tective date must be specific, cannot be ate this document is filed by the Florida	te of filing: c prior to date of receipt or filed date and a Department of State)	(optional) cannot be more than 90 days after
Tective date must be specific, cannot be ate this document is filed by the Florida	prior to date of receipt or filed date and	
Tective date must be specific, cannot be ate this document is filed by the Florida	e prior to date of receipt or filed date and a Department of State)	

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Filing Fee: \$25.00

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