



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN QUICKTEST LABS, L.L.C.

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Corporate Filing Menu

Help

COVER LETTER

| | egistration Sect ivision of Corpo | | | |
|-------------|--------------------------------------|---|---|---|
| SUBJECT | QuickTest L | abs, L.L.C. | | |
| SUBJECT | : | Name of Limi | ted Liability Company | |
| | | ı | | |
| The enclos | ed Articles of A | mendment and fee(s) are subr | nitted for filing. | |
| Please retu | rn all correspond | lence concerning this matter t | to the following: | |
| | | Cheyenne Moseley | | |
| | | | Name of Person | |
| | | Legalzoom.com, Inc. | | |
| | | | Firm/Company | |
| | | 100 W. Broadway Suite | 100 | |
| | | | Address | |
| | | Glendale, CA 91210 | | |
| | | | City/State and Zip Code | |
| | | ceo@quicktestlab.com E-mail address: (1 | to be used for future annual report notific | eation) |
| For further | information cor | ncerning this matter, please ca | all: | |
| Imelda V | asquez | | 323 962-8600 ext | 17950 |
| | Name of J | Person | Area Code Daytime | Telephone Number |
| Enclosed i | s 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) |

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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

Dene 4 of 6

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| QuickTest Labs, L.L.C. | | |
|--|--|---------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000056532</u> | vere filed on <u>04/07/2014</u> | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| QT Lab Testing, L.L.C. | | |
| The new name must be distinguishable and end with the words "Limited Liabil | ity Company," the designation "LLC" or the abb | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | $\theta_{\hat{\mathscr{J}}_{\Xi^{\dagger}}}$ | |
| | | <u>F</u> |
| Enter new mailing address, if applicable: | AHAS | PR COMME |
| (Mailing address MAY BE A POST OFFICE BOX) | 1,2,5 | The Property |
| immang muress may be a roof of rice bony | 77 70 80 | 7 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | ice address on our records, enteri | – w |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | .,,,- |
| | , Florida | Zip Code |
| | City | 2,5 0000 |

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> | Address | | Type of Action |
|--------------|-----------------------|---|--|-----------------|
| AMBR | Harry A. Kesten, PH.D | 601 N. Congress Ave., Stc. 1041 | В | 🗆 Add |
| | | Delray Beach | , <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | ☑ Remove |
| | | Florida | 33445 | _ |
| <u>AMBR</u> | Beverly Kesten | 601 N. Congress Ave., Ste. 104E | 3 | Add |
| | | Defray Beach | | ☑ Remove |
| | | Florida | 33445 | |
| AMBR | Beverly Pine | 1515 SW 21st Street | | ⊠ Add |
| | | Boynton Beach | | Remove |
| | | Florida | 33426 | _ |
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| . If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|---|
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| | |
| (The el | ctive date, if other than the date of filing: (optional) Receive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State) |
| Date | 4/24 |
| | Signature of streembor or authorized representative of a member |
| | Harry A. Kesten, PH.D |
| | Typed or printed name of signee |

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