

**L14000154359**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
QUALITY TOXICOLOGY LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

15 APR - 1 AM 10:00

BUREAU OF COMMERCIAL  
INFORMATION SERVICES

#150000804 023

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**QUALITY TOXICOLOGY 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 October 2, 2014 and assigned  
Florida document number L14000154359

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 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

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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>
MGR	JESSE PETERS	1509 PROSPERITY FARMS RD	<input checked="" type="checkbox"/> Add
		LAKE PARK, FL 33403	<input type="checkbox"/> Remove
MGR	THOMAS STANLEY	1509 Prosperity Farms Road	<input type="checkbox"/> Add
		Lake Park, FL 33403	<input checked="" type="checkbox"/> Remove
MGR	DEREK A. PAGAN	1509 Prosperity Farms Road	<input checked="" type="checkbox"/> Add
		Lake Park, FL 33403	<input type="checkbox"/> Remove
			<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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 APRIL 1, 2015



Signature of a member or authorized representative of a member

**AUHTORIZED REPRESENTATIVE**

Typed or printed name of signer