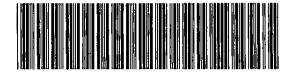
## L14000192820

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	gistration Se vision of Cor		-	
SUBJECT:	Healthca	re Environmental Testi	ng, LLC.	
SUBJECT		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Raul A. Cornejo		
			Name of Person	<del></del>
		Healthcare Environr	nental Testing, LLC.	
			Firm/Сотралу	
		7601 E. Treasure Di	rive, Suite 1823	
			Address	
		North Bay Village, F	L. 33141	
			City/State and Zip Code	
		Medicalgastesting@d		
		E-mail address: (	to be used for future annual report notifi	cation)
For further i	information co	oncerning this matter, please c	all:	
Raul A. C	Comejo		954 445-2582	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthcare Environmental Testing, 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 I	Liability Company	were filed on 12-16-15	and assigned
Florida document number L14000192820	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and end with th	e words "Limited Liab	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	***************************************
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		
W 76 No. 41	1/ <b>!-</b>	67	and a section the name of the next
B. If amending the registered agent and registered agent and/or the new registered			ords, enter the name of the new
		_	
Name of New Registered Agent:	N/A		
N Wasington 1 Office Address.			
New Registered Office Address:	<del></del>	Enter Florida street a	ddress
			, 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

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:

<u>Title</u>	Name	Address	Type of Action
AMBR	Raul A. Comejo	7601 E. Treasure Dr. 33141 Suite 1823	Add
			Remove
			Add
			Remove
			_
			□ Add
			□ Remove
			_
			□ Add
			_ 🗖 Remove
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		_	□ Add
			Remove
			_
<del></del>		<u> </u>	□ Add
			_□ Remove

N/A		
• • • • • • • • • • • • • • • • • • • •	4	
ctive date, if other than th	e date of filing:	(optional)
ffective date must be specific, can late this document is filed by the I	e date of filing: not be prior to date of receipt or filed date and candillorida Department of State)	not be more than 90 days after
March 4	2015	
	~ · · ·	
	Signature of a member or authorized representa	tive of a member
Raul A. Cornejo		
<del></del>	Typed or printed name of signe	Α

Page 3 of 3

Filing Fee: \$25.00