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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CANDICE GIDNEY LAW GROUP
Account Number : I20140000019
Phone : (954)228-5534
Fax Number : (305)722-5836

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: cgidneyesq@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAF TOXICOLOGY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SAF Toxicology, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 FEB -9 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/4/2015 and assigned
Florida document number L15000021713

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

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>
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AMBR	SAF Toxicology Holdings, I	7709 DAVIE ROAD EXTENSION	<input type="checkbox"/> Add
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		Hollywood, FL 33024	<input type="checkbox"/> Remove
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☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

FILED
2015 FEB -9 AM 10:03
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Not Adding or Removing- Correcting the Member's name.

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 February 9, 2015

Jonathan Macy

Signature of a member or authorized representative of a member

Attorney of Record - Authorized representative

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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2015 FEB -9 AM 10:03
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA