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SECRETARY OF STATE
JIVISION OF CORPORATIONS

T. HAMPTON

OCT 2 U 2009

EXAMINER

COVER LETTER

TO:

	stration Section ion of Corporations					
SUBJECT: _	M D Sci	ence Lab, LLC				
Sebuter.		ted Liability Company				
The enclosed	Articles of Amendment and fee(s) are sub	omitted for filing.	·			
Please return a	all correspondence concerning this matter	to the following:				
Ralph Albrecht						
Name of Person						
M D Science Lab, LLC						
Firm/Company						
2805 E Oakland Park Blvd #382						
		Address				
Fort Lauderdale, FL 33306						
		City/State and Zip Code				
	ralbrecht@mdsciencelab.com E-mail address: (to be used for future annual report notification)					
For further inf	ormation concerning this matter, please of	eall:				
	Ralph Albrecht	at (_954_)	725-5502			
Name of Person		Area Code & Dayt	ime Telephone Number			
Enclosed is a	check for the following amount:					
\$25.00 Fil	ng Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	MAILING ADDRESS:	STREET/COU	RIER ADDRESS:			

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M	D Science Lab, LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on	June 3, 1999	and assigned
Florida document number L990000327	78 .		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on	our records, <u>enter th</u>	SEGRETARY OF STATE JIVISION OF CORPORATION 09 001 19 PH 3805
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addr	ess
		, 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	: Manager I = Managing Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·		Add Remove
-				Add Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
D. If a	mending any other informat	ion, enter change	(s) here: (Attach additional sheets, if necessary.)	Z V
	Ownership status:			SECRETARY OF COMMENT O
	Ralph Albrecht 75%	Managing M	1ember	
	Ruth Chatfield 25%	Member		ORPORATION
Dated _	October 14		09	
	Pa	Ish Co	Elicelet	
	Sign		or authorized representative of a member Ralph Albrecht	
		Typed o	or printed name of signee	···

Page 2 of 2

Filing Fee: \$25.00