

M12066004571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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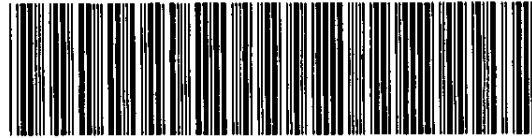
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 AUG -6 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FNL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XENEX HEALTHCARE SERVICES LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vanessa Lemus

Name of Person

Incorp Services, Inc.

Firm/Company

2360 Corporate Circle, Suite 400

Address

Henderson, NV 89074-7722

City/State and Zip Code

managedcompliance@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Lemus for Incorp Services, Inc. at (702) 866-2500

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

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13 AUG - 6 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: XENEX HEALTHCARE SERVICES LLC
2. Jurisdiction of its organization: Texas
3. Date authorized to do business in Florida: 08/10/2012

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? July 23, 2013
5. New name of the limited liability company: XENEX DISINFECTION SERVICES LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: _____

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Juan A. Gutierrez

Typed or printed name of signer

Filing Fee: \$25.00

FILED
13 AUG 16 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



John Steen
Secretary of State

Office of the Secretary of State

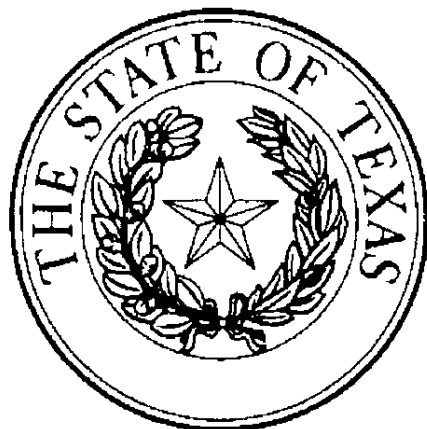
The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Xenex Disinfection Services LLC
Filing Number: 801134406

Certificate of Amendment
Certificate of Correction

July 17, 2013
July 23, 2013

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 30, 2013.



FILED
13 AUG - 6 AM 10: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

John Steen
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>

Phone: (512) 463-5555
Prepared by: SOS-WEB

Fax: (512) 463-5709
TID: 10266

Dial: 7-1-1 for Relay Services
Document: 492367200003

FILED
In the Office of the
Secretary of State of Texas

JUL 17 2013

Corporations Section

XENEX HEALTHCARE SERVICES LLC

**CERTIFICATE OF AMENDMENT TO THE
CERTIFICATE OF FORMATION**

Xenex Healthcare Services LLC, a limited liability company organized and existing under the laws of the State of Texas (the "Company"), hereby certifies as follows:

1. The name of the Company is Xenex Healthcare Services LLC.
2. The second sentence of paragraph 1 of the Company's Certificate of Formation, which currently reads:

"The name of the limited liability company is 'Xenex Healthcare Services LLC.'"

is hereby amended to read as follows:

"The name of the limited liability company is 'Xenex Disinfection Services, LLC.'"

3. The Amendment has been effected in conformity with the provisions of the Texas Business Organizations Code and the governing documents of the Company.

[signature page follows]

RECEIVED

JUL 17 2013

Secretary of State

IN WITNESS WHEREOF, the Company has caused this Certificate of Amendment to be signed by its Manager, this 11th day of July, 2013.

XENEX HEALTHCARE SERVICES LLC

By: Sequel Ventures, LLC, as manager

By: Morris Miller, Manager
Morris Miller, as Manager

4843-4664-9620, v. 1

[XENEX HEALTHCARE SERVICES LLC
AMENDMENT TO CERTIFICATE OF FORMATION]

Form 403
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: \$15



Certificate of Correction

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

JUL 23 2013

Corporations Section

Entity Information

1. The name of the filing entity is:

Xenex Disinfection Services, LLC

State the name of the entity as currently shown in the records of the secretary of state. If the certificate of correction corrects the name of the entity, state the present name and not the name as it will be corrected.

The file number issued to the filing entity by the secretary of state is: 32039718971

Filing Instrument to be Corrected

2. The filing instrument to be corrected is: Form 424--Amendment--Name Change

The date the filing instrument was filed with the secretary of state: 7/18/2013

mm/dd/yyyy

Identification of Errors and Corrections

(Indicate the errors that have been made by checking the appropriate box or boxes; then provide the corrected text.)

☒ The entity name is inaccurate or erroneously stated. The corrected entity name is:

Xenex Disinfection Services LLC

☐ The registered agent name is inaccurate or erroneously stated. The corrected registered agent name is:

Corrected Registered Agent
(Complete either A or B, but not both.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

First

Middle

Last Name

Suffix

The person executing this certificate of correction affirms that the registered agent, whose name is being corrected by this certificate, consented to serve as registered agent at the time the filing instrument being corrected took effect.

☐ The registered office address is inaccurate or erroneously stated. The corrected registered office address is:

Corrected Registered Office Address

Street Address (No P.O. Box) City State Zip Code TX

☐ The purpose of the entity is inaccurate or erroneously stated. The purpose is corrected to read as follows:

☐ The period of duration of the entity is inaccurate or erroneously stated. The period of duration is corrected to read as follows:

Identification of Other Errors and Corrections

(Indicate the other errors and corrections that have been made by checking and completing the appropriate box or boxes.)

☐ Other errors and corrections. The following inaccuracies and errors in the filing instrument are corrected as follows:

☐ Add Each of the following provisions was omitted and should be added to the filing instrument. The identification or reference of each added provision and the full text of the provision is set forth below.

☐ Alter The following identified provisions of the filing instrument contain inaccuracies or errors to be corrected. The full text of each corrected provision is set forth below:

☐ Delete Each of the provisions identified below was included in error and should be deleted.

☐ **Defective Execution** The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Correction to Merger, Conversion or Exchange

The filing instrument identified in this certificate of correction is a merger, conversion or other instrument involving multiple entities. The name and file number of each entity that was a party to the transaction is set forth below. (If the space provided is not sufficient, include information as an attachment to this form.)

Entity name

SOS file number

Entity name

SOS file number

Effectiveness of Filing

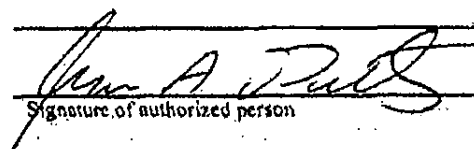
After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 7/22/2013

By:


Signature of authorized person

Juan A. Gutierrez, CFO

Printed or typed name of authorized person (see instructions)