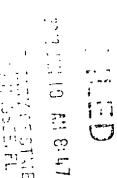
	(Requestor's Name)
	(Requestors Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
1	

Office Use Only



100379349981



Y SULKER JAN 1 1 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/10/2022	
Name:	Marcel Ogbonna-Amu	
Reference #	1556456	_
		TESTING SOUTH CENTRAL, LLC
_	es of Incorporation/Authorization	o Transact Business
_	ndment	ANY ISSUED CALL
∐ Chan	ge of Agent	ANY ISSUES, CALL MARCEL:
Reins	statement	(518) 213 - 0826
☐ Conv	ersion	Thank you!
☐ Merg	er	
☐ Disso	olution/Withdrawal	
Fictiti	ous Name	
Other	Γ	
Authorized A	Amount: \$25.00	····
Signature:	Marcel og homen- Fra	

+44 (0)20.3961.3030

103 LEIGHTON RD, CAUSEWAY BAY

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears		Department of
State: EURO	OFINS XENCO, LLC	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	bility company is:	M20000001358
Jurisdiction of its organization:	DE	
4. Date authorized to do business in Florida:	2/3/20	20
SECTION II (5-9 complete only the applicable c		5
5. New name of the limited liability company: Et (must	contain "Limited Liability Co	ompany, " "L.L.C.(" or > "LkQ.") = `
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	aging members adopting the a	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		ds. enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change of liability company has been notified in writing of the	it and agree to act in this cape and complete performance of cred agent as provided for in (in the registered office addres.	my duties, and I am familiar with Chapter 605, F.S. Or, if this

If the amendr	ment changes person, title or capacity in	accordance with 605.0902 (1)(e), indicate tha	t change:
itle/ Capacity	<u>Name</u>	Address	Type of Actio
			Add
			Remo
·			Add
			Remo
	***************************************		Add
		·	Remov
			Add
			Remove
			Add
aforemention	certificate, if required: no more than 90 ed amendment(s), duly authenticated by nder the law of which this entity is organized. Signature of	v the afficial baying custody of records in th	Remov

Typed or printed name of signee

COVER LETTER

TO:	Registration Division of	Section Corporations			
SUBJ	ECT:	Euro	ofins Xenco, LL	.C	
		Name of Foreig	n Limited Liabil	ity Comp	any
Dear :	Sir or Madam:				
The e	nclosed applic	ation, certificate and fee(s)	are submitted for	r filing.	
Please	return all cor	respondence concerning thi	is matter to the fo	ollowing:	
		Bethany Brenner			
		Name of Person			
	E	urofins NSC US, Inc.	_		
		Firm/Company			
	3	43 West Main Street			
		Address			
		Leola, PA 17540			
		City/State and Zip Code	2		
Fan		Legal@eurofins.com o be used for future annual	report notification	an)	
1.5-11	ian address. (t	o be used for future annuar	report notification	<i></i>)	
For fu	rther informat	ion concerning this matter,	please call:		
	Betha	any Brenner	_at (<u>717</u>)		556-3137
	Nam	e of Person	Area Code &	& Daytim	e Telephone Number
	Registration Division of Clifton Build 2661 Execut	Corporations		Registra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, Florida 32314
	sed is a check 5 Filing Fee	for the following amount \$\int \\$30 \text{Filing Fee &} Certificate of Status	t: \$55 Filing Certified	_	S60 Filing Fee. Certificate of Status & Certified Copy

TO:



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to amend the name, jurisdiction, or the registered agent, or any person identified in accordance with s. 605.0902 (1)(e), or a change in title or capacity of that person, for a foreign limited liability company authorized to transact business in Florida. The requirements are as follows:

- Pursuant to s. 605.0907, Florida Statutes, the attached application must be completed in its entirety.
- A certificate from the state of jurisdiction evidencing the amendment must be submitted with the application. The certificate should be issued within the past 90 days.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "LLC."
- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If you have changed the name of your limited liability company and the new name is not distinguishable on our records, you must adopt an alternate name to use in the state of Florida. To adopt an alternate name, you must submit a copy of the written consent of the managers or managing members adopting the alternate name. You may download a fill-in-the blank consent form from our website www.sunbiz.org.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

> The fees are as follows:

\$25.00 Filing Fee \$30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

- A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.
- Please send the application to:

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

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

CR2E055 (9/15)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "EUROFINS XENCO, LLC"

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "EUROFINS

ENVIRONMENT TESTING SOUTH CENTRAL, LLC", ON THE TWENTY-SEVENTH

DAY OF DECEMBER, A.D. 2021, AT 12:08 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EUROFINS ENVIRONMENT TESTING SOUTH CENTRAL, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.



Authentication: 202357111

Date: 01-10-22

7822837 8321 SR# 20220076667