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TALLANIASSEE, FLORIDA

OCT 3 0 2013

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Microbiotek, inc DOCUMENT NUMBER: 7000000 31948				
DOCUMENT NUMBER: 7 000000 31948				
The enclosed Articles of Amendment and fee are submitted for filing.	The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
Michaol T. Reid Name of Contact Person	—			
10841 SW 117 St				
Miami FCA. 33176 City/ State and Zip Code	_			
Address Miami FLA. 33176 City/ State and Zip Code Michael Time Grail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Coulact Person at (3.65) 234-455	h iber			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certificate of Status				
Mailing Address Amendment Section Street Address Amendment Section				
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building				
Tallahassee FL 32314 Cinton Building Cannot Building Cannot Building Cannot Building Cannot Building				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED

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TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

. If amending name, enter the new name of the			
E-source inc			he n
mne must be distinguishable and contain the Corp.," "Inc.," or Co" or the designation "C	word "corporation," "company,"	or "incorporated" or the abbi	eviati
corp., Inc., or Co., or the designation C ord "chartered," "professional association," or		ional corporation name musi con	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- '			
. Enter new principal office address, if applic Principal office address MUST BE A STREET.			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
			
. If amending the registered agent and/or reg	gistared office address in Florida	enter the name of the	
new registered agent and/or the new register		MILE THE MILE OF THE	
Name of New Registered Agent			
Minimal by Maria M		t runner	
- Andrew Control of the Control of t	(Florida street address)		
	,		
New Registered Office Address:	(Cin)	Florida(Zip Code)	
	, c.,,,	(E.F. Comp.)	
iew Registered Agent's Signature, if changing	Registered Agent:		
hereby accept the appointment as registered age		the obligations of the position.	
Constant	of New Registered Agent of changes		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\overline{\lambda}$	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		Activities and the state of the	also 100 Marie 1
Add		•	
Remove			
2) Change			
Add			A-944 - 01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Remove			
3) Change	\$		
Add			
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4) Change			
Add			
Remove			
51 Change			
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6) Change			Weller William Control of the Contro
Add			
Remove			

amending or adding additional Arti tach <i>additional sheets, if necessary</i>).	(Be specific)
	The state of the s
If an amandment provider for an eval	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate NA)	
agains promite company configurations in the section of the sectio	
144 (1971) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable: 10 18 13	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'`	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature / // // /	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Michael T- Reid (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
<u>President</u>	****
(Title of person signing)	