P02000072579

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SEP 27 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LAB-RESEARCH LABORATORY SUPPLY COR
DOCUMENT NUMBER: <u>P0200072579</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CLAUDETE RIVERO Name of Contact Person
LAB-RESEARCH Firm/Company
13390 SW 131 ST - SUITE137 Address
MIAMI FL 33186 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at 305 761-11712 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filin
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

LAB-RESERCH LABORATORY SUPPLY CORP,

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000072579

(Document Number of Corporation (if known)

TALLAHASSEE FLORIATE

		The n
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc,	"company," or "incorporated" or i " or "Co". A professional corporati
B. Enter new principal office address, if apple (Principal office address MUST BE A STREE)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or renew registered agent and/or the new regis		Florida, enter the name of the
		Florida, enter the name of the
Name of New Registered Agent:	tered office address:	ddress)
Name of New Registered Agent:	tered office address:	

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)

(Attach aaat	utonal sneets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
VICE-F	MARIA ELENA C MEJIA	7760 SW 90 STREET #14 MIAMI, FL 33156	_
VP-SE	EDUARDO RIVERO	13737 SW 169TH, TERRACE MIAMI, FL 33177	_ ☑ Add _ □ Remove
	 		_
	ling or adding additional Article: dditional sheets, if necessary). (E		
provisio (if n	ons for implementing the amendrot applicable, indicate N/A)	nge, reclassification, or cancellation of is nent if not contained in the amendment	
	VIII - NUMBER OF SHARE	<u>S</u>	
CLAUDET	E B RIVERO	1995 SHARES AT \$1.00	
EDUARDO	O RIVERO	5 SHARES AT \$1.00	. <u> </u>

The date of each amendmen	t(s) adoption: JULY 10 , 2010		
Effective date <u>if applicable</u> :	JULY 10, 2010 (date of adoption is required)		
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.		
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder		
Dated Signature (B)	OD (X)		
sel	ected, by an incorporator - if in the hands of a receiver, trustee, or other court		
арр	pointed fiduciary by that fiduciary)		
	CLAUDETE B RIVERO		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		