P1400000347

(Re	questor's Name)	
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Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Excellent Laborate	ories, Inc. d/b/a Selecta Lab	oratories	
DOCUMENT NUM	BER: P14000000347			
The enclosed Articles	e of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Michele Gaines			
		Name of Contact Person	1	
	Excellent Laboratories, Inc. d/b/a/Selecta Laboratories			
		Firm/ Company		
	7492 SW 42 ST			
	Address			
	Miami FL 33155			
		City/ State and Zip Code	9	
mgai	nes@zenogenhealth.com			
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Michele Gaines		at (305	9701891	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Excellent Laboratories, Inc.

(Name of Corporation as curren	tly filed with the Florida Dept. of St	<u>tate</u>)	
P1400000347			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts t	he following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:			
NIA		The	new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation n	" or the abbrevi	ation n the
B. Enter new principal office address, if applicable:	7290 SW 42 ST		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Miami FL 33155		
		·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7290 SW 42 ST		
	Miami FL 33155		
		製料 5 5	m d
	and the second s	<u> </u>	-
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		he	
Name of New Registered Agent	1 1		.
Tune of New Auguster ett Ingent	11	-	
(Florida s	treet address)	The second	
New Registered Office Address:	. Flori	da	

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.

Evample.	i, unu sui	ily Smiin, SY us un Auu.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		N/A	
Add		1	·
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			····
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach <i>additionai</i>	dding additional Articles, enter change(s) here: sheets, if necessary). (Be specific)
·	
	/
/	
an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
<u>rovisions for i</u>	nplementing the amendment if not contained in the amendment itself:
(if not applie	cable, indicate N/A)
	V I
•	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	4/2015	
Effective date if appreasie.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, the pepartment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment of the sufficient for approval.	ient(s)
	oproved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	,,	
<u> </u>	(voting group)	
☐ The amendment(s) was/were acceptance acceptance and acceptance acceptance.	lopted by the board of directors without shareholder action and sharel	ıolder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	ा
9/24/2015 Dated		
By a select	director, president or other officer – if directors or officers have not bed, by an incorporator – if in the hands of a receiver, trustee, or other nted fiduciary by that fiduciary)	
	Fredy Cruz	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	