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SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 JUL 17 PM 4: 07

APPROVED AND FILED



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MUNICIPAL TE	ESTING LABORATOR	RY OF FLORIDA, INC.		
DOCUMENT NUMB	_{ER:} <u>P9800006407</u>	9			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this mat	ter to the following:			
	JOHN ZUCCHI				
-		Name of Contact Person	1		
	M.T.L., INC.				
-		Firm/ Company			
	375 RABRO DRIVE				
_	Address				
_	HAUPPAUGE, N	.Y. 11788			
_		City/ State and Zip Code	2		
test	lab@gmail.com				
		ed for future annual report	notification)		
	•	·			
For further information	concerning this matter, pleas	e call:			
JOHN ZUCCI	- 11	at 877	685 -8378		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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		Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
	P.O. Box 6327 Clifton Building				
rana	hassee, FL 32314	2001 E	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MUNICIPAL TESTING LABORATORY of FLORIDA, INC.

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

P9800064079

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation:			
NA		The n	ew
name must be distinguishable and contain the word "corporation," "company," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profession word "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the onal corporation name mus	 abbreviati t contain t	on the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_	
——————————————————————————————————————		-	
D. If amending the registered agent and/or registered office address in Florida, en new registered agent and/or the new registered office address:	nter the name of the		
Name of New Registered Agent WA			
(Florida street address)			
New Registered Office Address: (City)	, Florida(Zip Code)	SEC - ALL	14,
		AH	

Signature of New Registered Agent, if changing

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	V		STEPHEN MARK LATUS	7520 NW 82nd ST.
✓ Add				MEDLEY, FL 33166
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				***************************************
Remove				
6) Change		_		
Add				
Remove				

E. If amending or add (Attach additional s.	ding additional Arti heets, if necessary).	cles, enter chang (Be specific)			
SECOND SE					
				*****	****
				····	
					1
F. If an amendment provisions for im (if not applicated)	provides for an exch plementing the ame able, indicate N/A)	nange, reclassific ndment if not co	ation, or cancella ntained in the am	tion of issued share lendment itself:	<u>8.</u>
				· · · · · · · · · · · · · · · · · · ·	

date this document was signed.) adoption:	, if other than th
Effective date if applicable:	05/23/2014	
<u></u>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated_05/23	/2014	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	_
	STEVEN JAYCOX	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	