509027

(Request	or's Name)
(Address)
(Address	
(City/Stat	e/Zip/Phone #)
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(Busines:	s Entity Name)
(Docume	nt Number)
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COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: TRI-	Text ANALytical CA	, ABORATORIES, INC.	
DOCUMENT NUMBER: 5090.	27		
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning thi	is matter to the following:		
LINDA	TRY TEK Jame of Contact Person		
	Tical (About ATORIES, Firm/ Company	INC.	
7240 OLD Ch	eney Highway		
ORIANDO, Flori	ity/ State and Zip Code		
E-mail address: (to be used	d for future annual report notification)		
For further information concerning this matter,	please call:		
Name of Contact Person	at (<u>321</u>) <u>228-110</u>	69	
Name of Confact Person	Area Code & Daytime Tel-	ephone Number	
Enclosed is a cheek for the following amount m	ade payable to the Florida Depart	ment of State:	
\$33 Filling 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	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301



May 12, 2011

LINDA TRYTEK TRI-TECH ANALYTICAL, INC. 7240 OLD CHENEY HIGHWAY ORLANDO, FL 32807

SUBJECT: TRI-TECH ANALYTICAL, INC.

Ref. Number: S09027

We have received your document for TRI-TECH ANALYTICAL, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 111A00011781

Articles of Amendment to Articles of Incorporation

of

TRI- TECH HWALYTICAL			/ 	
(Name of Corporation as currently f	iled with th	ne Florida Dept	. of State)	
509027		•		
(Document Number of	f Corporatio	n (if known)		
Pursuant to the provisions of section 607.1006, Flor amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida</i>	Profit Corporation	adopts the following
A. If amending name, enter the new name of the co	orporation	<u>:</u>		
				The new
name must be distinguishable and contain the we abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Coi	rp," "Inc," or i ion," or the ab	'Co". A professio breviation "P.A."	nal corporation
B. Enter new principal office address, if applicable		4403	VINCIAN	d Rand Su. B-12
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)	ORLAN	DO FLA. 3	d Rand Su. B-12 32811
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				SECRETARY OF STATE DIVISION OF CORPORATION 11 MAY 20 PM 4: 26
D. If amending the registered agent and/or registenew registered agent and/or the new registered			da, enter the name	e of the 20 The
Name of New Registered Agent:				
New Registered Office Address:	(Florid	a street address)	
			, Florida	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg	istered Age	ent:		
I hereby accept the appointment as registered agent.			ept the obligations	of the position.
Signatu	re of New R	Registered Agen	, 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)

<u>Title</u>	Name	Address	Type of Action
WP_	RAYMOND TRYTER	SZAS ABELIA DR. ORLANDO, P.A. 32819	☐ Add
			Add Remove
			Add Remove
	ling or adding additional Articles, enter Iditional sheets, if necessary). (Be spec		
<u>provisio</u>	nendment provides for an exchange, recons for implementing the amendment if or applicable, indicate N/A)		
		11-24	

The date of each amendment	(s) adoption:	MAY 02,0	2011	
Effective date <u>if applicable</u> :	T- (0	date of adoption is 	required)	KI
<u></u>	(no more than 90 da			
Adoption of Amendment(s)	(CHEC	K ONE)		
The amendment(s) was/we by the shareholders was/we	re adopted by the sharer sufficient for appr	reholders. The nur	mber of votes	cast for the amendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the amendme	nt(s) was/were suf	ficient for app	roval
by			''	
	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the boa	rd of directors with	hout sharehold	ler action and shareholder
The amendment(s) was/we action was not required.	re adopted by the inco	orporators without	shareholder ad	ction and shareholder
Dated	MAY 02, 2	011		
Signature _/	Landa .	Josep .		
sele		tor – if in the hand		officers have not been r, trustee, or other court
	LINDA	TRYTEK or printed name of		
	(Typed o	or printed name of	person signing	g)
	(Title of nor	con signing)		
	(Title of per	son signing)		