DOC ID ----> 200620202476

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/24/2006	200620202476	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	00	.00

Receipt

This is not a bill. Please do not remit payment.

ROCILE E PARTON
548 CLINTON ST
ELMORE, OH 43416

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1582696

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

LEXAMED, LTD.

and, that said business records show the filing and recording of:

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
200620202476

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of July, A.D. 2006.

J. Kenneth Blackwell

Ohio Secretary of State

DOC ID ----> 200620202476

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
◉ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
○ No	PO Box 1028 Columbus, OH 43216

Limited Liability Company Certificate of Amendment / Restatement / Correction

(Domestic or Foreign,
Filing Fee $50.00

2006 [illegible] 21 11:20

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company	(2) Foreign Limited Liability Company
☑ Amendment (129-LAM)	☐ Correction *(135-LFC)*
☐ Restatement (142-LRA)	
11/18/2005 (Date of Organization)	(Home State) (Qualifying in Ohio on MM/DD/YY)

The undersigned authorized representative of Biological Environmental Control Laboratories Acquisition Co. LLC (Name) 1582696 (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company ☑ Amend ☐ Restate ☐ Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed.
If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be.

LexaMed, Ltd.
(the name must include the words "limited liability company", "limited", "Ltd ", "Ltd", "LLC", or "L L C ")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is **(OPTIONAL)**.

(street address) ***NOTE: P.O. Box Addresses are NOT acceptable.***

(city, township, or village) (state) (zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose **(OPTIONAL)**

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Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

_____
(Name)

_____
(Street) ***NOTE: P.O. Box Addresses are NOT acceptable.***

_____ **Ohio** _____
(City, village or township) *(State)* *(Zip Code)*

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if

A. the agent cannot be found or,
B. the limited liability company fails to designate another agent when required to do so, or
C. the limited liability company's registration to do business in Ohio expires or is cancelled

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

Brucie Parton — Authorized Representative — 7-20-06 — Date
Brucie Parton — (Print Name)
705 Front St.
Toledo, OH 43605

_____ — Authorized Representative — _____ — Date
_____ — (Print Name)

_____ — Authorized Representative — _____ — Date
_____ — (Print Name)