



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1060095.09**dwilliams  
AMD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 4/7/2022 11:29 AM  
 Fee Receipt: \$40.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Amended Certificate of Authority**  
**(Foreign Business Entity)**

**FCA**

Pursuant to the provisions of KRS Chapter KRS 14A.9 - 040 the undersigned hereby applies for an amended certificate of authority on behalf of the entity named below and, for that purpose, submits the following statements:

1. The business entity is: ☒ profit corporation ☐ nonprofit corporation.  
☐ professional service corporation ☐ business trust  
☐ limited liability company ☐ limited partnership  
☐ professional limited liability company ☐ statutory trust  
☐ limited cooperative association ☐ non-profit LLC  
☐ other

2. The name of the company is: EUROFINS SCIENTIFIC, INC.  
 (The name must be identical to the name on record with the Secretary of State.)

3. It is an entity organized and existing under the laws of the state or country of DE

4. The entity received authority to transact business in Kentucky on 5/29/2019

5. The entity has changed its (check all that apply)

- ☒ Domicile name to EUROFINS FOOD CHEMISTRY TESTING DES MOINES, INC.  
☒ Name to be used in Kentucky to EUROFINS FOOD CHEMISTRY TESTING DES MOINES, INC.  
☐ Jurisdiction of organization to \_\_\_\_\_  
☐ Period of duration \_\_\_\_\_  
☐ Form of organization \_\_\_\_\_  
☐ Management type: ☐ Member managed ☐ Manager managed

6. This application will be effective upon filing.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

	Kristian Lentz	President	05 April 2022   5:26 CEST
Signature of Authorized Representative	Printed Name	Title	Date