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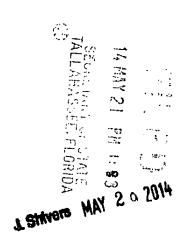
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COVER LETTER

TO: **Registration Section Division of Corporations** Pandora Genomics Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Melissa H Kuchma **Revolution Medicine** Firm/Company 518 S. Magnolia Ave, Suite 100 Orlando, FL 32801 revolutionmedicine melissa@panderagenomic E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa H Kuchma Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, **■** \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pandora Genomics, LLC

(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000052861 .	were filed on May 4, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Revolution Medicine, LLC		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	518 S. Magnolia Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Suite 100	
	Orlando, FL 32801	
Enter new mailing address, if applicable:	518 S. Magnolia Avenue	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 100	
	Orlando, FL 32801	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		the name of the
	, Florida	Transfer Communication Communi
	=	Co Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	Sm S

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Add
		<u></u>	Remove
	,		
			Add
			□ Remove
			□ Add
			□ Remove
			Add
			Remove
			□ Add
			Remove

f amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(The effective d the date this d	ate, if other than the date of filing: (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ocument is filed by the Florida Department of State)
Dated Ap	ril 14 2014
Dated	
	Signature of a member or authorized representative of a member
N	Melissa H Kuchma
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00