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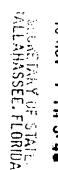
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COVER LETTER

	egistration Sec ivision of Corp					
CUDIDAT	NOVAGEN	NIX LLC				
SUBJECT						
The enclose	ed Articles of A	Amendment and fee(s) are submitted for filing.				
Please retu	rn all correspor	ondence concerning this matter to the following:				
		Michael J McGoey CPA				
		Name of Person				
	Michael J McGoey CPA Inc					
		Firm/Company				
		639 E Ocean Ave Ste 101				
		Address				
		Boynton Beach, FL 33435				
		City/State and Zip Code				
		mjmcgoey@aol.com				
		E-mail address: (to be used for future annual report no	tification)			
For further	information co	oncerning this matter, please call:				
Michael J	McGoey	f Person at ()				
	Name of	f Person Area Code Daytin	me Telephone Number			
Enclosed is	a check for the	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOVAGENIX LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L16000176664	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		10 V V
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		er The name of the ne
Name of New Registered Agent:		RAILUS
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BRUCE, TIMOTHY	5994 NEWPORT VILLAGE WAY	
		LAKE WORTH, FL 33463	■ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Confige A No. 191
			Add SS Restove
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ın effec	tive date is listed, the da	ate must be specific a	ind cannot be prior	to date of filing or m	ore than 90 days after	filing.) Pursuan	t to 605.02
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Typed or printed name of signee

Filing Fee: \$25.00