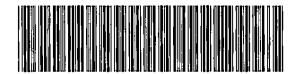
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| (Requestor's Name) | |
|---|------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | . - |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
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COVER LETTER

| | _ | ostic Systems, LLC | | | |
|--|--------------|---|---|--------------------------|----------------|
| 50bJEC1 | | Name of Lim | nited Liability Company | _ | |
| The enclosed A | rticles of A | amendment and fee(s) are sub | mitted for filing. | | |
| Please return all | correspon | dence concerning this matter | to the following: | | |
| | | Harold G. Haines | | | |
| | | | Name of Person | | |
| | | NuGenerex Diagnostics, L | .LC | | . • |
| | | | Firm/Company | | . ; - |
| | | 10102 USA Today Way | | | , 1 |
| | | | Address | | |
| | | Miramar, FL 33025 | | | · . |
| City/State and Zip Code hh@rapid123.com | | | | | |
| | | E-mail address: (| to be used for future annual rep | oort notification) | |
| For further info | mation co | ncerning this matter, please co | all: | | |
| Marcos Velez | | | | 5123 Ext 8001 | |
| | Name of | Person | Area Code | Daytime Telephone Number | |
| Enclosed is a ch | eck for the | following amount: | | | |
| □ \$25.00 Filir | ig Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | ed) Certified | te of Status & |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

1

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hema Diagnostic Systems, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/14/2000 and assigned Florida document number 1.00000015660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NuGenerex Diagnostics, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 aimending 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 Address Type of Action Title Name □ Add □ Remove ☐ Change □ Add - □ Change □ Add <u>.</u>□ Remove[†] _ 🗀 Change __□ Remove ___ Change ☐ Remove _____ □ Change □ Add ☐ Remove _□ Change

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| Tective date, if other than the date of filing: meffective date is listed, the date must be specific and cannot be prior to date of filinote: If the date inserted in this block does not meet the applicable statutor | |
| ocument's effective date on the Department of State's records. | , , , |
| record specifies a delayed effective date, but not an effect The 90th day after the record is filed. | tive time, at 12:01 a.m. on the earlier o |
| Hed 10/01/2018 | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00