Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

: (850)617-6383

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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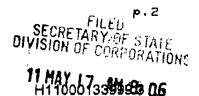
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compan (A Florida Limited Li | ability Company | | |
|--|------------------|------------------------|--|
| The Articles of Organization for this Limited Liability Company | were filed on _ | 06/22/2006 | and assigned |
| Florida document numberL06000063803 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company l | iere: | |
| The new name must be distinguishable and end with the words "Limite"L.L.C." | ed Liability Con | many," the designation | "LLC" or the abbreviatio |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: | | | <u>. </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here | | our records, enter | the name of the nev |
| Name of New Registered Agent: | | | |

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

New Registered Office Address:

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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Enter Florida street address)

, Florida

(Zip Code)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: H11000133999 3 MGR - Manager MGRM - Managing Member Type of Action Address Title <u>Name</u> MGRM MICHAEL REDA 2305 COLLINS AVENUE **≝** Add ■ 7 Remove MIAMI BEACH FL 33139 US STRATIS MORFOGEN MGRM 930 5TH AVENUE #12E Add NEW YORK NY 10021 Remove Add Remove Add Remove Add 🗖 Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated May 17 2011

Typed or printed name of signee
Page 2 of 2

Signature of a member or authorized representative of a member Stratis Morfogen