L07000015807

(Requestor's Name)				
(Add	dress)			
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(A.1	-			
(Adi	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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(Do	cument Number)			
Certified Copies	Certificates	of Status		
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

JAN 1 6 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: EmboGe	en LLC (Name of Lim	ited Liability Company)	
	amendment and fee(s) are sub	_	
	Christopher Block	(Name of Person)	
	EmboGen LLC	(Firm/Company)	
	1951 NW 39th PI		
	Gainesville, FL 32605	(Address)	
Fan Gustan in Competion and	userning this matter places a	(City/State and Zip Code)	
Christopher Block	ncerning this matter, please c	an: at (352) 219-9813	
(Name o	Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the	e 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)
Registra	NG ADDRESS: tion Section tof Corporations	STREET/COURIER Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

· . •

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EmboGen LLC (Name of the Limited I	ishility Compa	ny as it now annears on our record	(s.)
(A)	Florida Limited L	ny as it now appears on our record Liability Company)	<u></u>)
The Articles of Organization for this Limited Lia Florida document number L07000015807	bility Company 	were filed on February 12, 2007	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited li <u>ab</u>	ility company here:	
OvaTech LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	1951 NW 39th PI	· · ·
(Principal office address MUST_BE A STREET	(ADDRESS)	Gainesville, FL 32605	09 S
			SION SION
Enter new mailing address, if applicable:		1951 NW 39th PI	FILECTARY OF COR
(Mailing address MAY BE A POST OFFICE B	BOX)	Gainesville, FL 32605	M POR
			. 59 SHOLIV
B. If amending the registered agent and/or the new registered off			nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	1951 NW 39th		
		(Enter Florida str	
	Gainesville		da 32605
		(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 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.

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:

MGR = Mana MGRM = Ma	nger nnaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
———			Add Remove
<u></u>			Add Remove
		•	Add Remove
			Add Remove
<u></u>			Add Remove
D. If amendin	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary	.)
			SECRETARY OF CO
Dated January	, 2009		ED Y OF STATE ORPORATIONS AM II: 59
-	•	or authorized representative of a member or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00