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ECRETARY OF STA

T. HAMPTON

JUN - 6 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpor			·
SUBJ	ECT:	VIOGENE (Name of Limi	LOGISTICS LLC.	
The er	nclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponde	nce concerning this matter	to the following:	
	-	Ste	EPHEN MANDERL (Name of Person)	
	-	CARRIER	SERVICES OF FLOKIS (Firm/Company)	<u> </u>
	-	1210-H Car	(Address)	
	-	TALLAHASSI	SE, FC 32301 (City/State and Zip Code)	
For fu	rther information conc	erning this matter, please ca	all:	
CAN	CLIUR SERVICE (Name of Pe	esson)	at (<u>880</u>) <u>942-732</u> (Area Code & Daytime T	3 'elephone Number)
Enclos	sed is a check for the fo	ollowing amount:		
\$25	5.00 Filing Fee C	\$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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VIOGE	HE LOGIST	nes LLC	TALL	AHASSEE, FLORIL
(Name of the Limited L (A F			ur records.)	
The Articles of Organization for this Limited Liab Florida document number		rere filed on5/	28/2008	_ and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ty company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company," th	ne designation "LLC	" or the abbreviation
Enter new principal offices address, if applical	ble:	SAMG	10.	
(Principal office address MUST BE A STREET	ADDRESS)	- · · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	SAME		
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our re	cords, enter the	name of the new
Name of New Registered Agent:	SAME	(MAKTA	CHUNG)	
New Registered Office Address:	SAME	(Enter Fl	orida street addre.	ss)
			, 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 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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	MARTA CHUNG	5917 BEGGS RD. STE 3 ORLANDO FL 32810	Add Remove
	PLEASE REMOVE		Add Remove
mgr	ERROL CHUNG		Add Remove
	,		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if necessa	OBJUN-6 PHIZ: 03 SECRETARY OF STATE TALLAHASSEE. FLORIC
Dated			»
	· ·	per or authorized representative of a member	
	Typ	PHON MANDELL ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00