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(Address)					
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EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration S Division of Co		***		3.
SUBJECT:	Agile (Genetics, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	τ to the following:		
		Ashley Young		
		Name of Person		
		Agile Genetics, LLC		
	<u> </u>	Firm/Company		
	50	000 Culbreath Key Way		
		Address		
		Tampa, FL 33611		
		City/State and Zip Code		
	E-mail address: (ung 2010@yahoo.com to be used for future annual report notif	ication)	
For further information	concerning this matter, please		,	
A	shley Young	at (_504_)	669-4380	
Name of Person Area Code & Daytime Telephone Numb			e Telephone Number	
Enclosed is a check for	the 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 State Certified Copy (additional copy is	

MAILING ADDRESS:

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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

Agile Genetics, LLC			
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)		
(A Piorida Elinitod Elability Company)			
The Articles of Organization for this Limited Liability Company were filed on	May 10, 2011	and assigne	ed
Florida document number L11000055463			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limited Liability Compa" L.L.C."	ny," the designation "L	LC" or the abbro	eviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<u>.</u>
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 o	ur records, <u>enter tl</u>	ne name of th	ie new
registered agent and/or the new registered office address here:			
		1 D	ericitum
Name of New Registered Agent:		AR C	1000 mag
New Registered Office Address:		29 ARY ASS	-
	er Florida street addr		m
	, Florida	FEC	
City	, Foind	Conne	 .
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
Mr.	Adam E Coovadia	121 17th Ave South St. Petersburg, FL 33701	☐ Add Remove
	-		Add Remove
	·		Add Remove
			=
MA-18-MIPEPANICH			[] D
<u> </u>			AddRemove
D. If amen	ding any other information, e	enter change(s) here: (Attach additional sheets, if nece	essary.)
_			
	•••		
Dated	December 23	of a member of authorized representative of a member	<u> </u>
		Ashley M Young Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00