

L110001001089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200271315962

04/06/15--01025--024 **25.00

FILED
2015 APR -6 PM 2:45
CLERK OF STATE
TALLAHASSEE FLORIDA

APR 21 2015
J. ENUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Progeny Software, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael J. Brammer

Name of Person

Genetic Data Systems, LLC

Firm/Company

702 SW 33rd Place

Address

Boynton Beach, FL 33435

City/State and Zip Code

Mbrammer@objexinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Dodrill, Esq

Name of Person

at (561)

Area Code

862-0529

Daytime 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 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

DEPT. OF STATE
TALLAHASSEE, FLORIDA

2015 APR -6 PM 2:45

FILED

Progeny Software, LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

FILED
 2015 APR - 6 PM 2:45
 CLERK OF DISTRICT COURT
 MILWAUKEE, WISCONSIN

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 1, 2015.

Michael J. Brammer

Signature of a member or authorized representative of a member

Michael J. Brammer

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 APR - 6 PM 2:45
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA