1/100/00/189

(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

2015 APR -6 PH 2: 4:

APR 21 2015

COVER LETTER

TO: Registration Se Division of Co				
SUBJECT:F	Progeny Soft Name of Lin	ware, LLC aited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:	(
	Mic	hael J. Bra	immer	
	Genetic	Data Systems Firm/Company	, LLC	
		SW 33rd P	lace	
	Boynt	City/State and Zip Code nmer @ objex 1. to be used for future annual report notifi	L 33435	2015 APR -6
	E-mail address: (to be used for future annual report notif	1C.COM	5 6
For further information of	concerning this matter, please of	all:	ì	T 1
James	odill Esq f Person	at (561) 862 Area Code Daytime	-0529	PH 2: 45
Enclosed is a check for the	he following amount:		1	
\$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 Stat Certified Copy (additional copy is enc	

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

Progen	, Software, LLC	i
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	ty Company were filed on 8/31/11	and assigned
Florida document number LII 00010 (<u> 89. 89</u>	
This amendment is submitted to amend the following	g:	; ;
A. If amending name, enter the new name of the	limited liability company here:	i
Genetic Data S The new name must be distinguishable and end with the words	ystems, LLC	
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" of	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	1
		
		1
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX		1
		1
B. If amending the registered agent and/or re	egistered office address on our records, e	inter the name of the new
registered agent and/or the new registered office i	address here:	1 25
		# 5 TI
Name of New Registered Agent:		3000
New Registered Office Address:		1
	Enter Florida street address	200
	, Florid	8
New Desistant Aments Circulature If the color Desistant	City	Zip Cod&A
New Registered Agent's Signature, if changing Regist		· •
l hereby accept the appointment as registered ago provisions of all statutes relative to the proper an	ent and agree to act in this capacity. I furthe ad complete performance of my duties, and I	r agree to comply with the
accept the obligations of my position as registere	d agent as provided for in Chapter 605, F.S.	Or, if this document is
being filed to merely reflect a change in the regis company has been notified in writing of this chan	tered office address, I hereby confirm that th	e limited liability
	·8··	1

If Changing Registered Agent, Signature of New Registered Agent

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:

<u>itle</u>	Name	<u>Address</u>	Type of Action
			Remove
			1
		,	
			☐ Remove
			D Add
			☐ Remove
			· .
			□ Add
			☐ Remove
			APR - Add
			Add PR - 6
			-6 B 2: 45
			Add
			Remove

o. If amending any other information, enter change(s) here: (Attach add	litional sheets, if necessary.)
	1 1 1
	:
	1
	1
	
the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
the date this document is filed by the Florida Department of State)	: : :
Dated April 1 , 2015. michal Branner	: : :

Page 3 of 3

Filing Fee: \$25.00

2015 APR-6 PH 2:45