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J. BRYAN

JUN 18 2012

EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJE	CT:	Genes	is WHC, PLLC	
50000	···		ited Liability Company	
The enc	losed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please r	eturn all corres	pondence concerning this matte	er to the following:	
			Name of Person	
		1	The Bittinger Law Firm	2012 JUN 15 PM 1: 32 SECRETARY OF STATE TALLARIASSEE, FLORIDA
			Firm/Company	超生产
13500 Su		13500 Sut	ton Park Drive South, Suite 201	To P
			Address	
Jacksonville, FL 32224		. 32 LORATE		
			City/State and Zip Code	J.
		a	nn@bittingerlaw.com (to be used for future annual report notification	
For furth	ner information	E-mail address: concerning this matter, please		i)
		Ann Bittinger		-9000
	Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed	d is a check for	the following amount:		
\$25.0	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		tration Section ion of Corporations 30x 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ge	nesis WHC, PLLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appea da Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number L12000060494	· · ·	May 4, 2012	and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the value. L.L.C."	words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		201
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			JUN 15 PM III 3
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter tl</u>	Emi None name of the new
Name of New Registered Agent:			
New Registered Office Address:	<i>t.</i>	ton Florido atmest add	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address		
	City	, Florida	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 = Manager MGRM = Managing Member Title <u>Name</u> Address Type of Action MGRM Karen A. Toppi, M.D. 5 Boulder Rock Drive, Suite D Palm Coast, FL 32137 ✓ Add Remove MGR Lisa Lehman 5 Boulder Rock Drive, Suite D ∏ Add Palm Coast, FL 32137 ✓ Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 13 2012 Dated _____ Signature of a member or authorized representative of a member Karen A. Toppi, M.D, Member and Manager

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00