## L12000135140

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ANASSEE, FLORIDA

D. BRUCE NOV 0 1 2012 EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co		
SUBJECT:	GENETICA STRATEGIC THINKING LLC	
	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	ondence concerning this matter to the following:	
	MICHEL EDERY	
	Name of Person	
	GENETICA STRATEGIC THINKING LLC	
	Firm/Company	
	6100 BLUE LAGOON DRIVE STE 140	
	Address	
	MIANUEL COACO	
	MIAMI,FL 33126  City/State and Zip Code	
	MICHEL@ASYLUMMARKETING.COM	,
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	É
Mic	CHEL EDERY at ( 305 ) 517.5647 EXT 101	
	of Person Area Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy 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

(Name of the Limited L (A F		any as it now appear			
(A F	lorida Limíted	Liability Company)			
The Articles of Organization for this Limited Lia	bility Company	y were filed on	10/23/2012	and assigned	
Florida document numberL120001351	40				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited lial	bility company here	<b>2</b> :		
	GENETIII	CA LLC			
The new name must be distinguishable and end with 'L.L.C."	the words "Lim	ited Liability Compar	ny," the designation "LL	C" or the abbreviat	ion
L.E.C.				►S	-64
Enter new principal offices address, if applicat	ole:	N/A	· <u> </u>	L m	2 OC
(Principal office address MUST BE A STREET ADDRESS)					
				AR	<u> မ</u>
				m <sub>Q</sub>	3
Enter new mailing address, if applicable:		N/A		FS	=
Mailing address MAY BE A POST OFFICE BOX)				<u>≈</u>	_ <u>ü</u>
					- -
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>enter the</u>	name of the n	<u>ew</u>
Name of New Registered Agent:	N/A		, 		<del>-</del>
New Registered Office Address:		···	·		
		Ente	er Florida street addre	55	
			, Florida		
		Citv		Zin 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remodel SECRE
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	Add ASRY OF S
			IATE OR DA
			<del></del>
Dated	OCTOBER 24	<u>2012</u> .	<del></del>
	Signature of a r	member or authorized representative of a member	<u></u>
		MICHEL EDERY Typed or printed name of signee	···

Page 2 of 2

Filing Fee: \$25.00