

L120000143295

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000099675 3)))



H130000996753ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COHEN & GRIGSBY, P.C.
Account Number : I20030000042
Phone : (239)390-1912
Fax Number : (239)390-1901

FILED
13 MAY -2 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mmarsh@cohenlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GYNETICS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

C. LEWIS

MAY 3 - 2013

EXAMINER

RECEIVED
13 MAY -2 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H1300099675 3))
FILED

13 MAY -2 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GYNETICS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 13, 2012 and assigned Florida document number L12000143296.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GYNETICS SERVICES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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, 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>	<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

MAY. 2. 2013 12:00PM COHEN & GRIGSBY

NO. 765 P. 4
(((R13000099675 3)))

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

FILED

13 MAY -2 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated April 26, 2013

Marlene Marsh

Signature of a member or authorized representative of a member

Marlene Marsh, Authorized Representative of Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

(((R13000099675 3)))