

MAY. 2. 2013 11:59AM

COHEN & GRIGSBY

NO. 765 P. 8 1 of 1

# L12000143295

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Account Number : I20030000042  
Phone : (239) 390-1912  
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Email Address: mmarsh@cohenlaw.com

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GYNETICS LLC

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MAY 3 - 2013

EXAMINER

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MAY. 2. 2013 11:59AM COHEN & GRIGSBY

NO. 765 P. 2

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

((H13000099675 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

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

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

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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

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