13000051637

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section **Division of Corporations**

IVIGEN, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James P. Gueits

Name of Person

Fowler Rodriguez

Firm/Company

355 Alhambra Circle, Suite 801

Coral Gables, FL 33134

City/State and Zip Code

bparenti@frfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James P Gueits

at (786) 364-8482

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

\$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 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

FILED 2013 MAY 14 PH 12: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA

IVIGEN, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number L13000051637	Company were filed on April 9, 2	013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	rida 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>	Name	Address	Type of Action
MGR	Luis Saurat	1200 NW 78th Avenue	Add
		Unit 103	Remove
		Miami, FL 33126	
MGR	Cengiz Cinnioglu, PHD	1200 NW 78th Avenue	Add
		Unit 103	Remove
		Miami, FL 33126	
			Add
			Remove
			
			Add
			Remove
			_
			Add
			Remove
			_
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)					
Dated May	2013				
•	Signature of a member or authorized representative of a member				
	James P. Gueits, Esq.				
	Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00

