

10/13

Division of Corporations

Florida Department of State

Division of Corporations

Informational Cover Sheet

L13000051637

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.

(((H13000130660 3)))



H130001306603ABCU

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FOWLER RODRIGUEZ

Account Number : 120090000080

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Fax Number : (305) 445-3666

Amend

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2013 JUN 10 AM 8:12

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

Email Address: bparenti@frfirm.com

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IVIGEN, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

J. SAULSBERRY
EXAMINER

JUN 11 2013

Fax Audit #H13000130660 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IVIGEN, 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 April 9, 2013 and assigned
Florida document number L13000051637.

This amendment is submitted to amend the following:

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

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

MGRM = Managing Member

2013 JUN 18 AM 8:12
 Remove
 Add
 DEPT. OF STATE
 MAIL ASSN. FT. BRIDA

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

Dated June 7, 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

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TALLAHASSEE, FL 32310