Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

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

Email Address:

IBHAY IO AMII: Of

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTELLEGERE GENOMICS CONSULTING LLC

Certificate of Status	0
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Page Count	05
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FAX COVER SHEET

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COMPANY		
FAX NUMBER	18506176383	
FROM	Tony Burroughs	
DATE	2013-05-10 11:51:34 PDT	<u> </u>
RE	FL SOS - LZ Order 506657909	

COVER MESSAGE

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05/09/2013 14:06

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FEDEX OFFICE

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COVER LETTER

Division of Corgurations	
SUBJECT: INTELLEGERE GENOMICS CONSULTING LLC (Name of Limited Liability Company)	
(reading of reading Combails)	
The enclosed Anticles of Amendment and fee(s) are submitted for filling. Please roturn all correspondence concerning this matter to the following:	
lmelda Vasquez	
(Name of Person)	
Legalzoom.com, Inc.	
(Firm/Company)	57.c/c 29
100 W. Broadway Suite 100	
(∧dd₩\$\$)	2013 MAY SECRET
Glendale, CA 91210	် ^{တို} ့ 📻 ୮
(City/State and Zip Code)	
For further information concerning this matter, please call:	AM H: 08 OF SINTE
!melda Vasquezat (323) 962-8600 ext ?	950
(Name of Porson) (Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status 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 Tallahassoo, 17, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tullahassee, FL 32301

05/09/2013 14:06

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTELLEGERE GENOMICS CONSULTING 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 04/17/2013	and assig	med	
Florida document number <u>L13000056270</u>	,		
This amondment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
IntelleGene Genomics LLC			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L	I.C quijo ub		1
"L.L.C."	\ \ ×<	ىن ئات	-
		MAY	T,
B. If amending the registered agent and/or registered office address on our records, enter t	he name of	the new	-
registered agent and/or the new registered office address here:	25.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5 7.5	0	
	뜨다	2	
	E S		
Name of New Registered Agent:		#	**************************************
	ਤੁੜੀ	8	
New Registered Office Address: (Linter Florida street add	ts (ress)		
. Florida			
(City) Fiorius	(Zip Code)		
V-174	()r =		
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 Agms, Signature of New Registered Agent)

05/09/2013 14:06

MGR = Manager

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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 heing added or removed from our records:

MGRM = i	Managing Mcmber		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Removy
			Add Remove
			Add Remove
			Add
D. If amen	diug any other information, enter chang	go(s) here: (Attach additional sheets, if necessary	THE SEE F
			OF STATE
	17 ay 9 2	012	
Dated	Tay 7. C	013.	
	Signature of a member	r or authorized representative of a member	
		Massimo Morra	
	Ϊγρυσ	or printed name of signee	

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Filing Fee: \$25.00