

L14 000033433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

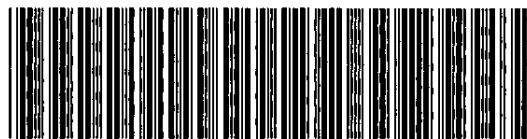
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
OF CALIFORNIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genetics Rx, 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:

Bradley K. Nurkin

Name of Person

Genetics Rx, LLC

Firm/Company

24105 Harborview Rd.

Address

Punta Gorda, FL 33980

City/State and Zip Code

genrxmanager@gmail.com

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

For further information concerning this matter, please call:

Bradley K. Nurkin

423 218-8196

Name of Person

at ()

Area Code

Daytime Telephone Number

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

2014 NOV -3 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

Genetics Rx, 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 2/27/2014
Florida document number L14000033433

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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and assigned

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

24105 Harborview Rd

(Principal office address MUST BE A STREET ADDRESS)

Punta Gorda, FL 33980

Enter new mailing address, if applicable:

24105 Harborview Rd

(Mailing address MAY BE A POST OFFICE BOX)

Punta Gorda, FL 33980

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 605, 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Bradley K. Nurkin	24105 Harborview Rd	☒ Add
		Punta Gorda, FL 33980	☐ Remove
MGR	Nathan Ballard	24105 Harborview Rd	☒ Add
		Punta Gorda, FL 33980	☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove
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			☐ Remove

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CITY OF PUNTA GORDA
FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 31, 2014



Signature of a member or authorized representative of a member

Bradley K. Nurkin

Typed or printed name of signee

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA