L14000133195

 (Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	<u>.</u>
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TALLAHASSEE, FI ORION

T. Burch (155: 2.2. 2014

COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	D2 Gene	tics LLC		
SOINECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		D2 Genetics LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		301 West Platt Stree	et Num 450	
			Address	· · · · · · · · · · · · · · · · · · ·
		Tampa, FI 33606		
			City/State and Zip Code	
		dmoses@d2genetics		
			to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please co	all:	
DeAnna l	Moses		813 452-6441 at ()	
	Name o	「Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 1	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

D2 Genetics LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000133195	were filed on 8/25/14	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	2005 Pan Am Circle Suite 100	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, Fl. 33607	
Enter new mailing address, if applicable:	2005 Pan Am Circle Suite 100	Superior of the superior of th
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33607	18Y
		9 R 77
	LOR	z f
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enterest	e name of the n
registered agent and/or the new registered office address her	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	гір Соае

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
		 	
			□ Add
			□ Remove
			Add
			Hru Respoye
			ASSEE FLORIDA
			PH 4
			ORIDA ORIDA
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			Remove

amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary
	1
Effective date, if other than the The effective date must be specific, can the date this document is filed by the laterals.	ne date of filing: (optional) nnot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
December 10	2014
X	2.A.M.~
	Signature of a member or authorized representative of a member
	Deanna Moses
	Typed or printed name of signee

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Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEE. FLORID