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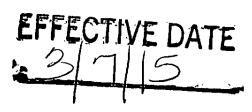
TO:

Tallahassee, FL 32314

TO:	Registration Sect Division of Corpo					
SUR IF	CCT:	EM6	RYOGENIXS	LIC		
30 DJ 1.		Name of Limi	ted Liability Company			
The end	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	·		
Please	return all correspond	dence concerning this matter	to the following:			
		Dr. A.	NNA POORANI Name of Person	(HOCKA	LINGAM	
			Name of Person			
		EMB	RYOGENIYS			
			Firm/Company			
		836 Pr	udential Dr Address	rive, Sui	te # 902	
		Jackso	nville, FL.	US - 37	207	
		Embry	City/State and Zip Code genix8 & fire to be used for future annual in	mjas.com	[or] dranns	35@ g mail. (om
For fur	ther information con	ncerning this matter, please ca		report noutreation)		
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Enclos	ed is a check for the	following amount:	,			PH S
\$2 .	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	5 %
		NG ADDRESS:		T/COURIER ADD	DRESS:	
	Division	tion Section of Corporations	Division (ion Section of Corporations		
	P.O. Box	c 6327	Clifton B	uilding		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



L'INBRY	OGENIXS LL	C
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compan	y were filed on	6, 2014 and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Emiskyo	GENIX LLC	, 😅
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designat	ion "LLC" or the abbreviation .L.C
Enter new principal offices address, if applicable:		Z OZE
(Principal office address MUST BE A STREET ADDRESS)	 	R-OFFEE
	,	a a a a a a a a a a a a a a a a a a a
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 r	ecords, enter the name of the new
registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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

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 = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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(The effectiv	date, if other than the date of filing: 3 7 15 (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
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(The effective the date this	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00