(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2017

YVONNE WIETING 13127 KINGS LAKE DR, #102 GIBSONTON, FL 33534

SUBJECT: GENIARX, LLC Ref. Number: L15000187597

We have received your document for GENIARX, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable : "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P13000094584.

if you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 417A00019999

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www.sunbiz.org

Division of Componentione DO BOX 6297 Tallahassas Elevide 20214

ARTICLES OF AMENDMENT TO	
ARTICLES OF ORGANIZATION OF	
GENIARX, LLC	
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)	
	and assigned
Florida document number <u>L15000187597</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Genia Medical, ILC GENIA MEDICAL SERVICES, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	<u> </u>
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N T
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, <u>e</u> registered agent and/or the new registered office address here:	nter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	۱ ۱
, Florid	
Cip	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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The 90th o	day after the	e record is file	ed.					
Dated		9/6	2017					
	<u> </u>	Signature o	of a member or at	thorized represe	entative of a mo	<u>rC</u> ember	~	
	Уела	ENIA PE	ZATCA Typed or pr	inted name of si	ignee			
			Pr	ige 3 of 3				

Filing Fee: \$25.00