

**L16000000554**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**

**THEAGENE GROUP LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

MAY 25 2016  
J. HARRIS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Theagene Group 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 March 25, 2016 and assigned Florida document number L16000060554

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1100 S ST. Rd. 7

Suite 200A

MARGATE, FL 33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 772887

Coral Springs FL 33077

**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:

Dhel Turner

New Registered Office Address:

1100 S. ST. Rd. 7 - Suite 200A

Enter Florida street address

MARGATE

City

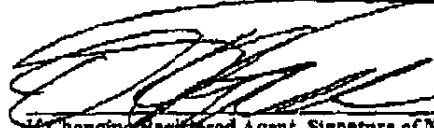
, Florida

33068

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:

FILED  
16 MAR 26 AM 10:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If 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

Title	Name	Address	Type of Action
MGR	Brisson	KARL	
		PO BOX 772887	<input type="checkbox"/> Add
		Coral Springs FL	<input type="checkbox"/> Remove
		33077	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Dated 5/24/16

KARL BRISSON

Typed or printed name of signee

**Filing Fee: \$25.00**

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U.S. DEPT. OF STATE  
HALL  
WASHINGTON, D.C. 20520