

L1700228284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

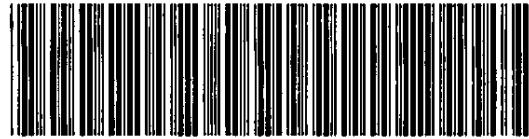
(Business Entity Name)

(Document Number)

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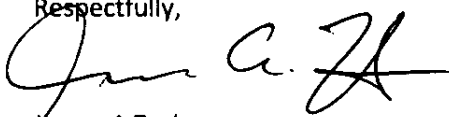
FILED
2018 MAY 10 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/02/2018

Enclosed is an Amendment to the original Article of organization for Genedix Lab LLC. Change of address for Genedix Lab LLC and change of address for MGR James A Zach and change of address for Registered Office.

Please contact me if you have any questions at all. Thank you.

Respectfully,

A handwritten signature in black ink, appearing to read "James A. Zach", with a stylized flourish at the end.

James A Zach

Registered Agent

izach@genedixlab.com

727-804-5533

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENEDIX LAB 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:

Fredrick J Palmer

Name of Person

Genedix Lab LLC

Firm/Company

835 Placido Way NE

Address

St. Petersburg, FL 33704

City/State and Zip Code

fpalmer@genedixlab.com

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

For further information concerning this matter, please call:

Fredrick J Palmer

727 408-4072
at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GENEDIX LAB 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 11/03/2017 and assigned
Florida document number L17000228284.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

835 Placido Way NE

St. Petersburg, FL 33704

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

835 Placido Way NE

St. Petersburg, FL 33704

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:

3943 14th Way NE

Enter Florida street address

St. Petersburg

City

, Florida 33703

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James A Zach	3943 14th Way NE	<input type="checkbox"/> Add
		St Petersburg, FL 33703	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2018 MAY 10 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

_____, _____


 Signature of a member or authorized representative of a member

Typed or printed name of signee