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TAISIUM OF CONTENTS

SUBJECT:		5 111 195 0	
	Name of Life	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Di Pietro, Esq.		
	Di Pictro Partners, LLP	Name of Person	
		Firm/Company	
	901 East Las Olas Blvd. Suite 202		
	Fort Lauderdale, FL 3330	Address	
	service@ddpalaw.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of David Di Pietro	concerning this matter, please c	954 712-3070	
Name c	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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
		(additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

ZENOGENX, LLC

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 ORGANIZATION OF

ZENOGENX, 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 and assig 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 Urology Center of South Florida Enter new principal offices address, if applicable: 7400 SW 87th Ave. Suite 240 (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33173 Urology Center of South Florida Enter new mailing address, if applicable: 7400 SW 87th Ave. Suite 240 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL 33173 B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documer 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	Martin L. Madorsky, MD	Urology Center of South Florida	
			= Add
		7400 SW 87th Ave. Suite 240	
			Remo
		Miami, FL 33173	Cham.
MGR	David Di Pietro	901 East Las Olas Blvd.	Chang
		Suite 202	
			Remov
		Fort Lauderdale, FL 33301	
			Change
			Add
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			Remove
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			Change

Effective date, if other than the date of filing:
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records. It the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies by The 90th day after the record is filed. June 26
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Potod
Dated
Signature of a member or authorized representative of a member
David Di Pietro
Typed or printed name of signee

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Filing Fee: \$25.00