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S. YOUNG

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COVER LETTER

	Registration S Division of Co			f			
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	XYMOGE	N IP, LLC					
SUBJEC	."I":	Name of Lin	nited Liability Company				
		Name of this	oned Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sul	omitted for filing				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		John Gray, Controller					
			Name of Person				
		Nymogen Inc.					
			Firm/Company				
		6900 Kingspointe Parkway					
		Address					
		Orlando, FL 32819					
		City/State and Zip Code john.gray@xymogen.com					
		E-mail address: (to be used for future annual report noti	fication)			
For furthe	er information c	oncerning this matter, please co	all:				
John Gra	у		407 722-8799 at()				
	Name o	f Person		e Telephone Number			
Enclosed	is a check for th	ne following amount:					
□ \$25.0	0 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

XYMOGEN IP, 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 $\frac{4/15/2019}{1}$ and assigned 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) 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, 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: 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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an effe <u>ote:</u> I	we date, if other than the date of filing:
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ited _	Signature of a member or authorized representative of a member
	Stephanie Blackburn, COO S-BLACKBUR Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00