

# L200000217750

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : WATSON SLOANE JOHNSON PLLC.  
Account Number : 120150000117  
Phone : (407)622-6751  
Fax Number : (866)440-1211

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

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2020 OCT -7 PM 3:09

SECRETARY OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PERSONALOGIX HEALTH ACADEMY, LLC**

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

2020 OCT -7 PM 3:13

FILED

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERSONALOGIX HEALTH ACADEMY, 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 07/29/2020 and assigned  
Florida document number L20000217750.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

XYMOGEN RE, LLC

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:

6900 Kingspointe Pkwy

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32819

Enter new mailing address, if applicable:

6900 Kingspointe Pkwy

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32819

**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

City, Florida 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>
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[illegible]

**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.

Dated October 6 2020

Typed or printed name of signee

**Filing Fee: \$25.00**