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| PICK-UP                 | ☐ WAIT            | MAIL         |
| (Bu                     | siness Entity Na  | me)          |
|                         | ocument Number)   | <del> </del> |
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| Certified Copies        | _ Certificate:    | s of Status  |
| Special Instructions to | Filing Officer:   |              |
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## **COVER LETTER**

| Division of Cor                 | rporations                                      |   |                  |             |
|---------------------------------|---|---|------------------|-------------|
|                                 | BLACK LLC                                       |   |                  |             |
| SUBJECT:                        | Name of Limit                                   | ed Liability Company  |                  |             |
|                                 |   |   |                  |             |
| The enclosed Articles of        | Amendment and fee(s) are subm                   | nitted for filing.  |                  |             |
| Please return all correspondent | ondence concerning this matter to               | o the following:  |                  |             |
|                                 | SHANNON C CLAYTON                               |   |                  |             |
|                                 |   | Name of Person  |                  |             |
|                                 | GENERX BLACK LLC                                |   |                  |             |
|                                 |   | Firm/Company  |                  |             |
|                                 | 641 HERSCHEL STREET                             |   |                  |             |
|                                 |   | Address   |                  |             |
|                                 | PENSACOLA/FLORIDA 3                             | 2534  |                  |             |
|                                 |   | City/State and Zip Code   |                  |             |
|                                 | CLAYTON8902@GMAIL.C                             |   |                  |             |
|                                 | E-mail address: (to                             | be used for future annual report notific                            | ation)           |             |
| For further information of      | concerning this matter, please cal              | l:  |                  |             |
| SHANNON CLAYTON                 | 1   | 850 417-9769  |                  | · 2         |
| Name o                          | of Person                                       | at ()   | Telephone Number | 2022 APR    |
| Enclosed is a check for the     | he following amount:                            |   |                  |             |
| ■ \$25.00 Fiting Fee            | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified C      | of Status & |

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENERX BLACK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

|   |  | 2   |
|---|--|---|
| The Articles of Organization for this Limited Liability Company v   | vere filed on 11/18/21                         |   |
| Florida document number L21000496045  |  |   |
| This amendment is submitted to amend the following:   |  |   |
| A. If amending name, enter the new name of the limited liabil   | ity company here:                              | ·   |
| CHROMATIX LLC   |  |   |
| The new name must be distinguishable and contain the words "Limited Liabilit  | y Company," the designation                    | on "LLC" or the abbreviation "L.L.C."                             |
| 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 adapted and/or the new registered office address here:   | ldress on our records.                         | enter the name of the new registered                              |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  |  |   |
|   | Enter Florida stree                            | t address   |
|   |  | Florida   |
|   | City   | Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:   |  |   |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my dua<br>covided for in Chapter | ies, and I am familiar with and 605, F.S. Or, if this document is |

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

| Title       | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------|-------------|----------------|----------------|
|             | <del></del> |                | □Add           |
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| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  APRIL 18   |                                  | <del></del> .        |                   |                     | <del> </del>                         | <del></del>   |                                    |
|--|----------------------------------|----------------------|-------------------|---------------------|--------------------------------------|---|------------------------------------|
| Effective date, if other than the date of filing:  [Optional]  (application of the content of th | <del> </del>                     |                      |                   |                     |                                      |   |                                    |
| Effective date, if other than the date of filing:  [Optional]  (application of the content of th |                                  |                      |                   |                     |                                      |   |                                    |
| Effective date, if other than the date of filing:  [In 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 605,0207 Note;  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)  The 90th day after the distilled.  Dated  APRIL 18  2022  Manna C Albard  Al |                                  | ,.,                  |                   |                     |                                      | ·   |                                    |
| Effective date, if other than the date of filing:  [Optional]  I an effective due is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 Stote. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distilled.  Dated  APRIL 18  2022  Manual C All Manual C |                                  | •                    | <del></del>       | <del>.</del>        |                                      |   |                                    |
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| Effective date, if other than the date of filing:  | <del></del>                      |                      | <u></u>           |                     |                                      | <u> </u>  |                                    |
| Effective date, if other than the date of filing:  |                                  |                      |                   |                     |                                      |   |                                    |
| Effective date, if other than the date of filing:  |                                  | · <u>z</u>           |                   |                     |                                      |   |                                    |
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| Effective date, if other than the date of filing:  |                                  |                      |                   |                     |                                      |   |                                    |
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| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the rd is filed.  Dated APRIL 18  2022  Calcal Algorithms APRIL 18  Dated APRIL 18  Dated APRIL 18  Dated APRIL 18  |                                  | <del></del> _        |                   |                     |                                      | ·   | <del></del>                        |
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| Mun C Clust  |                                  | ective date, but no  | t an effective ti | me, at 12:01 a.m    | , on the earlier o                   | of: (b) The 90th  | day after the                      |
| Shum C Christ  |                                  |                      |                   |                     |                                      |   |                                    |
| Signature of a member or authorized representative of a member   | rd is tiled.                     |                      | 2022              |                     |                                      |   |                                    |
|  | rd is tiled.                     | Shim                 |                   | Cluj                | <del>/_</del> _                      |   |                                    |

Filing Fee: \$25.00