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2022 APR -7 AM 7: 08
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2022 APR -7 AM 7: 08

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COVER LETTER

TO:

Registration Section
Division of Corporations

HEALTH SUBJECT:	GENETICS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	LUIZA BATOSHVILI		
		Name of Person	
	HEALTH GENETICS LLC	3	
		Firm/Company	
	20130 WEST DIXIE HWY	. 22313	
		Address	
	MIAMI FL 33180		
		City/State and Zip Code	
	lizi555@gmail.com		
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please co	all:	
LUIZA BATOSHVILI		561 955-0050 at (
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enc	tus &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	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

FILED

OF OF

2022 APR -7 AH 7: 08

HEALTH GENETICS LLC

SECRETARY OF STATE

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

02/04/2022

Liability Company	y were filed on 05/04	and assigned
·		
lowing:		
of the limited lial	bility company her	<u>e</u> :
words "Limited Liab	ility Company," the des	ignation "LLC" or the abbreviation "L.L,C."
cable:	N/A	
ET ADDRESS)		
	N/A	
Enter new mailing address, if applicable:		
<u>E BOX)</u>		
	address on our rec	cords, enter the name of the new registered
LUIZA BATO	OSHVILI	
20130 WEST	DIXIE HWY , 22313	
	Enter Florid	la street address
MIAMI		, Florida 33180
	City	Zip Code
	lowing: of the limited liab words "Limited Liab cable: ET ADDRESS) registered office ess here: LUIZA BATO 20130 WEST	words "Limited Liability Company," the desicable: N/A ET ADDRESS) N/A Pregistered office address on our recess here: LUIZA BATOSHVILI 20130 WEST DIXIE HWY, 22313 Enter Florid MIAMI

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Петоvе
			Change
			
			□ Remove
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N/A						
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		·	<u>.</u>	<u> </u>		
ective date, if other than th	dote of filing	14		(0	optional)	
effective date is listed, the date mi	st be specific and	cannot be prior to		nore than 90 days	after filing.) Pursu	
e: If the date inserted in this but the late on the I			ble statutory fili	ng requirements.	, this date will n	ot be listed a
	•					
cord specifies a delayed effecti	ve date, but not	an effective tin	ne, at 12:01 a.m.	on the earlier o	f: (b) The 90th	day after th
s filed.						
, APRIL 06		2022				
ed	,					
	i		-// -	_		
	Signature of a n	- 173 nember or author	ized representativ	e of a member	<u> </u>	