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Certified Copies	Certificates	of Status
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AUG 2 9 2016 S. YOUNG SECRETARY OF SUNFINELENCE ALLIANASSEE FEDERAL

## **COVER LETTER**

TO: Registration Se Division of Co			
GENESIS	T.M. LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
	Amendment and fee(s) are sub ondence concerning this matter	-	
	CAROLINE G LARSON		
	<del></del>	Name of Person	
	LARSON ACCOUNTING	G & CONSULTING SERVICES, LL	.C
		Firm/Company	<del> </del>
	7901 KINGSPOINTE PK	WY STE 17	<b>15</b>
		Address	AUG LANGE
	ORLANDO/ FL 32819	,	<b>26</b> (၈) (၅)
		City/State and Zip Code	cation) PH 1: 27:10
	support@larsonacc.com	N	cation) S 10
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report notifi	cation) ដ 호
CAROLINE G LARSOI		407 370-3686 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
MAII	INC ADDDESS.	STREET/COURIE	OD ADDRESS.

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

GENESIS T.M. LLC			
( <u>Name of the Lim</u>	ited Liability Co (A Florida Lin	ompany as it now appears on our renited Liability Company)	cords.)
The Articles of Organization for this Limited I	•	pany were filed on	and assigned
Florida document number L16000147693			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	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 "L.L.C."
Enter new principal offices address, if appli		N/A	
(Principal office address MUST BE A STRE	ET ADDRES.	<u></u>	<u></u>
			<b>5</b> FM
			S WELL
Enter new mailing address, if applicable:		N/A	26
(Mailing address MAY BE A POST OFFICE	(Mailing address MAY BE A POST OFFICE BOX)		मू लिल
			11: 03 11: 03
			<b>교</b> 등류
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
	N/A		
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street a	ddress
		City	, Florida
		Cay	rip Cour

## 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>	Type of Action
AMBR	Eduardo Sadao Yonamine	1509 Sunset way	
		Weston, FL 33327	□ Remove
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Effective date, if other than the fan effective date is listed, the date mu	e date of filit st be specific a	ng: nd cannot be pri	or to date of fi	ling or more than	optiona (optional) 90 days after fili	.I.) ng.) Pursuant to	605.020
Note: If the date inserted in this be document's effective date on the I	lock does not	meet the appl	icable statute	ory filing requi	rements, this da	te will not be	listed as
	•						
ne record specifies a delaye The 90th day after the red			ot an effe	ctive time,	at 12:01 a.m	on the ea	arlier o
Dated		2016	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00