## 10400083988

| (Requestor's Name)                      |  |  |  |  |
|-----------------------------------------|--|--|--|--|
|                                         |  |  |  |  |
| (Address)                               |  |  |  |  |
| ,                                       |  |  |  |  |
|                                         |  |  |  |  |
| (Address)                               |  |  |  |  |
|                                         |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|                                         |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|                                         |  |  |  |  |
| (Dunings Fakk Many)                     |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|                                         |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|                                         |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
| •                                       |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
| `                                       |  |  |  |  |

Office Use Only



500128485735

05/05/08--01086--004 \*\*55.00

OB MAY -5 PH 1: 05
SECRETARY OF STATE
TALLAHASSEE FINALE

D. BRUCE
MAY 0 6 2008
EXAMINER

## COVER LETTER

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Genesis Cleaning 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                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |
| Florida document number 20 7000 6 57 0 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |
| A. If amending name, enter the new name of the limited liability company here:  Genesis Distributorship LLC                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| 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:                                                                                                                                                                                                                                                                                                            |  |  |  |  |
| 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| MGR = Manager MGRM = Managing Member |                                       |                                                         |                  |  |
|--------------------------------------|---------------------------------------|---------------------------------------------------------|------------------|--|
| <u>itle</u>                          | Name                                  | Address                                                 | Type of Action   |  |
| . <u>.</u>                           |                                       |                                                         | Add<br>Remove    |  |
|                                      |                                       |                                                         | Add<br>Remove    |  |
|                                      |                                       |                                                         | Add<br>Remove    |  |
|                                      | <del></del>                           |                                                         | Add<br>Remove    |  |
| ··········                           |                                       |                                                         | Add<br>Remove    |  |
| <del>,,,,</del>                      |                                       |                                                         | Add<br>Remove    |  |
| If amend                             | ling any other information, enter cha | inge(s) here: (Attach additional sheets, if necessary.) | SECDEY<br>SECDEY |  |
| <del></del>                          |                                       | ASSEE, ILOR                                             | -5 PM            |  |
| ated                                 | NAY 1 , 20                            | 008.                                                    | l: n5            |  |
|                                      | TCAUIS BENNES                         | be or authorized representative of a member             |                  |  |

Page 2 of 2

Filing Fee: \$25.00