L08000065224

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PICK-UP WAIT MAIL
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A. LUNT
JUL 30 2010
EXAMINER



600183643766

07/29/10--01003--009 **25.00



Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GENI, LLC Name of Limit	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	ACC 1
	Name of Person	mg #
10275	Collins Ave #102	•
	City/State and Zip Code thundo e gmail. Con to be used for fitting and all report notifications.	
() - 40 %	205 011 (211	
George Lope & Name of Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the following amount: \$\textbf{\Sigma}\$	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURIER Registration Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENI IL			
(Name of the Limited L	iability Company as it now appear lorida Limited Liability Company)	rs on our records.)	
(A)	iorida Emmed Etability Company)		
The Articles of Organization for this Limited Lial	pility Company were filed on	07/07/08	and assigned
Florida document number 20800006	5224.		
This amendment is submitted to amend the follow	ving:	= .	. 22
A IS an and in a man and all			
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :	
		22	N =
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	my," the designation "LLL"	#~V-1
5.6.0.		ر بين رين	y 🗷 🛌
Enter new principal offices address, if applicat	ole;		ي م
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>	ဆို ဆို
		, 1	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO			.
Maining address MAT BE A POST OFFICE BO	<u></u>		
	* 11 * 11		
D. If amonding the projectional agent and/on	maniatawad affice adduses on a		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	e name of the new
Nouse of New Devictored Avents			
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addre	SS
		, Florida	
	City		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

<u>Title</u>	Name	Address	Type of Action
MGRM	Guillermo Minuto	10275 Collins Ave #1027 Bal Harbor, EC 37154	Add ½ Remove
NGRM	Elizabeth Urdoljak	10275 Collins Ave # 1027 Bal Harbur, FC 33154	⊠ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	=" = = = = = = = = = = = = = = = = = =
. *		Ş	FIL 2018 JUL 29 SECKETARY AFLANIASSE
			LED 29 AM 9: 36 RY OF STATE, SEE, FLORIE,
Dated	July 26, 2010	······································	ာ် က် မာ
-		authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00