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12 JUN 19 PH 6: 06
SECHLARY OF STATE
AREASSEE, FLORIDA

B. BOSTICK
JUN 2 0 2012
EXAMINER

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Genesis Marketing Concepts, LLC dba Next Level Imports

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Catherine Cameron			
Name of Person				
Genesis Marketing Concepts				
	Firm/Company			
	PO Box 2473			
Address				
	w	ayne, NJ 07474-2473		
		City/State and Zip Code		
	cameron@	genesismarketingconc to be used for future annual repo	epts.com	
	concerning this matter, please		670 2205	12 JUN 19
Catherine Cameron		at (973)	670-2305 Daytime Telephone Number	[TT * " .
Enclosed is a check for t		Alca code & I	Sayume Telephone Number	ASSEE, FLORID
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified (e of Status &
Regist Division P.O. B	LING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	Registration Division of C Clifton Buik	Corporations ling ive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Genesis Marketing Co	oncepts	s, LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now app ity Compan	y) y) y			
The Articles of Organization for this Limited Liability Company were Florida document number L0900072174	e filed on _	7/28/09 and JUNE 17,2011 An	and a	assigne	d
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability of					
The new name must be distinguishable and end with the words "Limited Li"L.L.C."	iability Con	npany," the designation "l	LLC" or th	e abbre	<u>viati</u> or
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				12	
		. ,	至是		·
			SS.	19	7
Enter new mailing address, if applicable:			in <u>ca</u>	70	
(Mailing address MAY BE A POST OFFICE BOX)			STATE ORID	5	
			35.	90	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address o	n our records, <u>enter 1</u>	≫	of th	e new
Name of New Registered Agent:				-	
New Registered Office Address:					
-		Enter Florida street ada	tress		
		, Florida			
Cit	<i>y</i>		Zip Co	de	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> **Name Address** MGR Kevin Roche 2929 SE Ocean Blvd. ☐ Add Suite 135-6 ∇ Remove Stuart FL 34996 Kerry Roche MGR ✓ Add 2929 SE Ocean Blvd. Suite 135-6 Remove Stuart, FL 34996 □ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 12 Dated_ a member or authorized representative of a member Harry Treanor Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00