

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800) 494-3124

: (561)455-9885 Fax Number

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Email	Address	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GENESIS MULTINATIONAL LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NESIS MULTINATIONAL LLC	
(Name of the Limited Liab (A Flor	illity Company as it now appears on our recida Limited Liability Company)	ords.)
		•
The Articles of Organization for this Limited Liability	ty Company were filed on 12/23/2009	and assigned
Florida document number L09000121724	<del></del> ,	
This amendment is submitted to amend the following	p.	图 差 二
A. If amending name, enter the new name of the	limited linkility company horo	TILE
74. If amending hance, enter the new hante of the	minted stability company nere.	
The new name must be distinguishable and end with the	words "Limited Lightly Company" the desi-	oration "I I C" et We abareviation
"L.L.C."	The design of th	92 -
Enter new principal offices address, if applicable:		5m _
(Principal office address MUST BE A STREET AL		
		**************************************
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		44-44-44-44-44-44-44-44-44-44-44-44-44-
B. If amending the registered agent and/or re		, enter the name of the new
registered agent and/or the new registered office a	address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida)	street address)
		orida
	(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 amendir or Managi	ig the Managers or Managing M ng Member being added or remo	ved from our records:	le, name, and address of each Manager
MGR = M MGRM = 1	anager Managing Member		10000009169.3
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM .	DAVID LAMBERT	8217 STATE ROAD 52 HUDSON FL 34667	
			Add Remove
<del></del>			Remove Z
	· · ·		L ORIGINAL STATES
			Add
<del></del>		7-17-1	Add
D. Ifurnen	ding any other information, cote	r change(s) here: (Attach additional s	
Dated Jan		2010 61 Muklaren	-
		member or authorized representative of a	member
	·	Typed or printed name of signee	