

L10000009304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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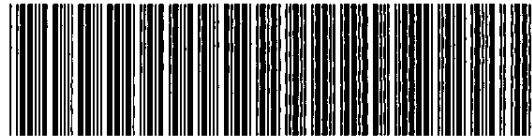
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 01 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENESE USA, LLC
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:

SERGIO MATTIG

Name of Person

GENESE USA, LLC

Firm/Company

3263 N.E. 166TH STREET

Address

NORTH MIAMI BEACH, FL. 33160

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAYELIN MATTIG

Name of Person

at (305)

244 9130

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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

FILED
11 MAR 31 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GENESE USA, 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 01/26/2010 and assigned Florida document number L10000009304.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3263 N.E. 166th Street
NORTH MIAMI BEACH, FL. 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3263 N.E. 166th Street
NORTH MIAMI BEACH, FL. 33160

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:

Name of New Registered Agent:

MATTIG, MAYELIN

New Registered Office Address:

3263 N.E. 166th Street

Enter Florida street address

NORTH MIAMI BEACH

, Florida

33160

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MATTIG, SERGIO	2450 Palm Avenue HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MURILLO, ALEJANDRO	2450 Palm Avenue HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DIAZ, jose L.	2450 Palm Avenue HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HERRERA, RAFAEL	2450 Palm Avenue HIALEAH, FL 33010	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MATTIG, MAYELIN	3263 N.E. 166th Street NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	OLMO, CIRA	3263 N.E. 166th Street NORTH MIAMI BEACH, FL 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated March 21, 2011



Signature of a member or authorized representative of a member

SERGIO MATTIG

Typed or printed name of signee

FILED
11 MAR 31 PM 12:30
CLERK OF STATE
TALLAHASSEE, FLORIDA