L12000146557

(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City	/State/Zip/Phor	e #)
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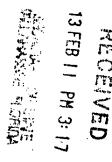
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COVER LETTER

TO: Registration Section
Division of Corporations

GENICON LLC

SUBJECT: GEIVIC

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:

CHRISTIE L. MITCHELL, ESQ

Name of Person

MITCHELL & VALVERDE, P.A.

Firm/Company

4700 MILLENIA BLVD STE 175

Address

ORLANDO, FL 32839

City/State and Zip Code

CHRISTIE@MAVLEGAL.COM

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

For further information concerning this matter, please call:

Christie Mitchell

at (407) 505-4270

Name of Person

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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENICON LLC				
((<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on ou ed Liability Company)	ır records.)		
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000146557</u>	any were filed on Novemb	oer 20, 2012 _a	nd assigned	
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 "l"L.L.C."	Limited Liability Company," the	e designation "LLC" o	or the abbrevia	_ ition
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	Tr.	<u> </u>	e ministra
		い クァ 		V (135414)
		i,4 ————————————————————————————————————		aj 3a makasaré
Enter new mailing address, if applicable:		<u> </u>	C !!	in the same
(Mailing address MAY BE A POST OFFICE BOX)		5	200	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on our rec <u>here</u> :	cords, enter the na	ame of the r	_ <u>1ew</u> ~
Name of New Registered Agent:				_
New Registered Office Address:	Final Plan	uida atuant - II		_
	Enter Florida street address			
	City	_, Florida	Code	_
	City	Zij.	Coae	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GARY HABERLAND	320 Santiago Dr.	Add
		Winter Park, FL 32789	Remove
MGR	JOHN A. FARNELLA	8401 Vintage Drive	Add
		Orlando, FL 32835	Remove
MGR	Theodore Bogdan	4630 S. Kirkmman Rd. #322	Add
		Orlando, FL 32811	ALL AH
			1887
MGRM	GO HOLDINGS LLC	320 Santiago Dr	
		Winter Park, FL 32789	28 Remove
MGRM	GC HOLDINGS LLC	8401 Vintage Drive	Add
		Orlando, FL 32835	Remove
MGRM	TJBCG LLC	4630 S. Kirkman Rd #322	_ Add
		Orlando, FL 32811	Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F	REMOVE the MGRM Colleen Zittell, address 232 New Gate Loop, Heathrow, FL 32746
_	
_	
_	
_	
	2012
Dated F	ebruary 8 2013
	Contoliel
	Signature of a member or authorized representative of a member
	CHRISTIE L. MITCHELL, ESQ.
	Typad or printed name of signed

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
ANALYSISTS FLORID