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COVER LETTER

Division of Corporations	
SUBJECT: GENOA POLYMERS 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:	
MARY E NUTILE Name of Person	
Name of Person	
GENDA POLYMERS LLC Firm/Company	
Firm/Company	
1960 UNIOH STREET UNIT 17 Address	
Address	
CLEARWATER FL 33763 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MARY E NUTILE at (860) 416-7451 Name of Person Area Code Daytime Telephone Number	
Name of Felson Paytime Telephone Name	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee \$Cartificate of Status	
Certificate of Status Certified Copy Certificate of St (additional copy is enclosed) 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

<u>G</u> ENOA	POLYMERS LLC		
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab		08/26/2015	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company here	:	T PCI
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the desi	gnation "LLC" or the a	bbreviation "L.C."
Enter new principal offices address, if applicab			
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	_	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	MARY E NUTILE		
New Registered Office Address:	<u> </u>	UHIT 17 a street address	<u> </u>
	CLEARWATER	, Florida	33763
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR=	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PAUL S. NUTILE	1960 UNION ST UNIT 17	🗅 Add
		CLEARWATER, FL 33763	Remove
			Change
mgr	MARY E. NUTILE	1960 UNION ST UNIT 17	II Add
		CLEARWATER, FL 33763	□ Remove
		.,, ,	Change
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Filing Fee: \$25.00