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K. SALY JAN 12 2017

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJ	Genesis Inte	riors LLC		
		Name of Limit	ted Liability Company	
		amendment and fee(s) are submedence concerning this matter t	_	
- 1000		Roberto Lottini	••	
	,		Name of Person	
٠.	· · · · · ·	361 Palmwood Lane	Firm/Company	
		Key Biscayne, FL 33149	Address	
		roberto@lottini.com E-mail address: (te	City/State and Zip Code o be used for future annual report notif	ication)
For fu	rther information co	ncerning this matter, please ca	•	,
Rober	to Lottini Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for the	: following amount:		
■ \$2	5.00 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

2017 JAN 10 PM & 43

FALLAHASSEE, FLORIDA

Genesis Interiors LLC

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)

	were filed on 09/08/2016 and assigned
Florida document number 1.16000168150	•
This amendment is submitted to amend the following:	
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Fenes Sis Interiors LLC) (Fenes Sis Interiors	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Genesis Interiors LLC
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	361 Palmwood Lane
(Mailing address MAY BE A POST OFFICE BOX)	Key Biscayne, FL 33149
registered agent and/or the new registered office address her	
Name Danistana d CVCC and A. L.S.	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 amendi	iding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added		
MGR =	· · · · · · · · · · · · · · · · · · ·	Address SECRETARY OF	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STA	543 Type of Action
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			☐ Remove
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lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffecti an eff	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
<u>lote:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ocum	ent's effective date on the Department of State's records.
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated	1/06/2017
	
	× V4V
	Signature of a member or authorized representative of a member
	Roberto Lottini
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00