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II. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Genes is 11, 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:
Angela M. Owen
Genesis 11, DBA 2 Frogs and a Mower
3041 Bond St
Deltona FL 32738 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angla Owen at (980) 225 · 3505 Name of Person at (980) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ·	, , , , , , , , , , , , , , , , , , , ,					
The Articles of Organization for this Limited Liab Florida document number <u>L16000200</u>		vember 1, 2016	and assig	med		
Florida document number L16000 & OC	<u> </u>					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	ng name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the des	ignation "LLC" or the abbrevi	ation "L.L.	C."		
Enter new principal offices address, if applicab	ble:					
(Principal office address MUST BE A STREET	ADDRESS)					
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				.; (* 'T)		
Enter new mailing address, if applicable:		 		; <u>0;=</u> 		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		<u></u>	190		
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			22			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of	the nev		
Name of New Registered Agent:	Angela M.	Owen				
New Registered Office Address:	3041 Bond Enter Florid	S+ la street address				
	Deltong	, Florida <u>30</u> Zi	738	<u> </u>		
New Registered Agent's Signature, if changing Res	gistered Agent:		1			

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.

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

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:

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date of filing a effective date is listed, the date must be specific arte: If the date inserted in this block does not aument's effective date on the Department of	meet the applicable statutory filing requirems	_ (optional) lays after filing.) Pursuant to 605.0207 (ents, this date will not be listed as t
record specifies a delayed effective he 90th day after the record is filed	date, but not an effective time, at 1	2:01 a.m. on the earlier of
ed 1/12/17	,	
Line	1. /////	17
Signature of a	member or authorized representative of a membe	

Page 3 of 3

Filing Fee: \$25.00