

L17000073856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

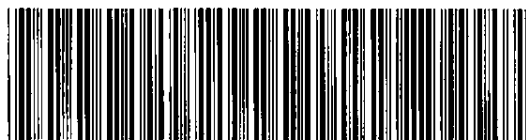
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000297900940

04/14/17--01010--013 \*\*25.00

17 APR 14 PM 6:56  
000297900940

APR 17 2017

?

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GENC AMERICA 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:

BENAN SANLIER  
\_\_\_\_\_  
Name of Person

GENC AMERICA LLC  
\_\_\_\_\_  
Firm/Company

1041 W BRANDON BLVD  
\_\_\_\_\_  
Address

BRANDON, FLORIDA 33511  
\_\_\_\_\_  
City/State and Zip Code

BENAN@MTECHAIRLESS.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENAN SANLIER  
\_\_\_\_\_  
Name of Person

813 685-1600  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$50.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## GENC AMERICA LLC

Page 1 of 3

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>       | <u>Address</u>      | <u>Type of Action</u>                      |
|--------------|-------------------|---------------------|--|
| MGRM         | GILLELAND, KEVIN. | 1041 W BRANDON BLVD | <input type="checkbox"/> Add               |
|              |                   | BRANDON, FL 33511   | <input checked="" type="checkbox"/> Remove |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input checked="" type="checkbox"/> Remove |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |
|              |                   |                     | <input type="checkbox"/> Add               |
|              |                   |                     | <input type="checkbox"/> Remove            |
|              |                   |                     | <input type="checkbox"/> Change            |

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

Blank lined area for amendments, crossed out with a diagonal line.

17 APR 14 PM 10 05  
Filing Office

E. Effective date, if other than the date of filing: 4/12/2014 (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated April 12, 2017

Benar  
Signature of a member or authorized representative of a member

Benar Sanlier

Typed or printed name of signee