

L18 0000082096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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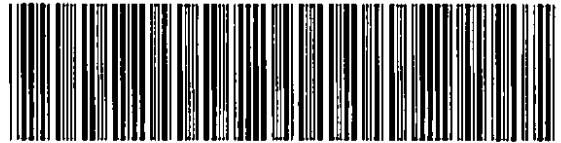
(Business Entity Name)

(Document Number)

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2020 AUG 20 AM 11:37

C. J. M. R. S.

OCT 07 2020

## COVER LETTER

**TO: Registration Section Division of Corporations**

**SUBJECT: Genesis Andina LLC name change to Re-Start Now USA LLC**

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Name of Person Firm/Company Address

City/State and Zip Code

**Gustavo A Izaguirre**

**Martha A Gonzalez Garzon**

**600 Parkview Dr Apt 811, Hallandale Beach, FL 33009**

**gusizaguirre@yahoo.com**

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

**Gustavo A Izaguirre 954-609-4252**

Name of Person

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

☒ **\$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

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION OF

2020 AUG 23 AM 11:37

**Genesis Andina LLC**

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

The Articles of Organization for this Limited Liability Company were filed on **May 27, 2020** Florida document number **L180000082096**.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

and assigned

**Re-Start Now USA LLC**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

*(Principal office address MUST BE A STREET ADDRESS)*

**600 Parkview Dr Apt 811, Hallandale Beach, FL 33009**

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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Name of New Registered Agent: New Registered Office Address:

**New Registered Agent's Signature, if changing Registered Agent:**

*City Enter Florida street address , Florida Zip Code*

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*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.

2020 AUG 20 PM 11:37

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

Title Name

Address

Type of Action

☐Add ☐Remove ☐Change ☐Add ☐Remove ☐Change ☐Add ☐Remove ☐Change ☐Add ☐Remove ☐Change  
☐Add ☐Remove ☐Change ☐Add ☐Remove ☐Change

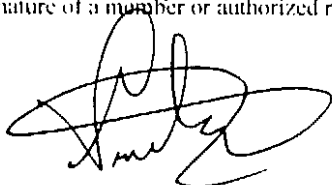
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: (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, Aug 12, 2020  
Signature of a member or authorized representative of a member

 Gustavo A Izaguirre

Typed or printed name of signee **Filing Fee: \$25.00**

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L18000082096

Entity Name: GENESIS ANDINA LLC

Current Principal Place of Business:

500 PARKVIEW DR

APT 811

HALLANDALE BEACH, FL 33009

FILED

May 27, 2020  
Secretary of State  
5706586252CR

→ None change to  
Re-start now USA LLC

**Current Mailing Address:**

600 PARKVIEW DR

APT 811

HALLANDALE BEACH, FL 33009 US

FEI Number: 82-5321519

Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

GONZALEZ GARZON MARTHA A

600 PARKVIEW DR

APT 811

HALLANDALE BEACH, FL 33009 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida*

SIGNATURE: MARTHA A GONZALEZ GARZON

05/27/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR

Name GONZALEZ GARZON MARTHA A

Address 600 PARKVIEW DR  
APT 811

City-State-Zip HALLANDALE BEACH FL 33009

Title AMBR

Name IZAGUIRRE GUSTAVO A

Address 600 PARKVIEW DR  
APT 811

City-State-Zip HALLANDALE BEACH FL 33009

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath that I am a managing member or manager of the limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 885, Florida Statutes, and that my name appears above or on an attachment with all other live empowered.*

SIGNATURE: MARTHA A GONZALEZ GARZON

MANAGER

05/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date