(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
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COVER LETTER

TO:	Registration Sec Division of Corp			
\$1;B1E	GENESIS F	ROPERTIES INVESTMENT	S LLC	
30131	.c	Name of Limi	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		PIER FORBES		
			Name of Person	
		FORBES GLOBAL TAX	SERVICE INC	
			Firm/Company	
		513 PINTAIL CIR		
			Address	
		AUBURNDALE, FL 3382	23	
			City/State and Zip Code	
		PIER.FORBES@DRIXTAX		
		E-mail address: ()	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	ntl:	
PIER	FORBES		863 595-5723	
-	Name of	Person	at () Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is analysed)	☐ \$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

GENESIS PROPERTIES INVESTMENTS LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 07/02/2018	and assigned
Florida document number L18000161301		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	r the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		— 957 - 757 - 757
		M 9:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, gere:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	via
·	City . FIOTI	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
MBR	PIER M FORBES	6500 CREWS LAKE HILLS	
		LOOP E	= Remove
		LAKELAND FL. 33813	☐ Change
MBR	MATHEW M MADATHILETTU	6500 CREWS LAKE HILLS	■ Add
		LOOP E	☐ Remove
		LAKELAND FL. 33813	Change
			☐ Remove
			☐ Change
			Remove
			Change
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			Remove
			Change
			Remove
			☐ Change

NONE				
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tive date, if other than th	e date of filing:	28/2018	(op	otional)
fective date is listed, the date must be the date inserted in this between the feet of the date inserted in this between the feet of the date.	block does not meet th	ie applicable statutor	ng or more than 90 days an y filing requirements, ti	his date will not be list
ment's effective date on the I	Department of State's	records.		
	. J 66	h	tivo timo at 17:01	lam on the earli
ecord specifies a delaye e 90th day after the re	ed effective date, cord is filed.	but not an effec	tive time, at 12.01	, a.m. on the eam
d	201	18		
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YIC	1701 bl	er or authorized represe		<u>-</u>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00