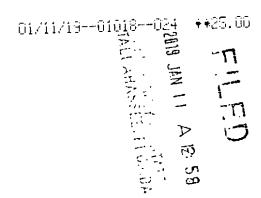
## LIBOOO 184842

(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:





600322184426



116/1950

## **COVER LETTER**

TO: · Registration Section Division of Corporations	And the second s
SUBJECT: GENUG	Name of Limited Liability Company
<del>-</del>	
The enclosed Articles of Amendment and	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
610	Rame of Person
76:	SS   CIEVNE Rd # 410 Firm/Company
	W/6AB)e5 P1.33234 = = 1
	City/State and Zip Code
	-mail address: (to be used for future annual report notification)  Com  Com  Com  Com  Com  Com  Com  Co
For further information concerning this in	
Mig El MiRAR	at (305) 773/0/D Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
S25.00 Filing Fee S30.00 Filing Fee Certifica	ing Fee &
MAILING ADDRESS Registration Section Division of Corporation	Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENUS FOOD	sarket 1	lc.
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reability Company)	cords.)
The Articles of Organization for this Limited Liability Company v	were filed on \$\frac{8}{2} \left  1	8 - and assigned
Florida document number <u>L 18000184</u> .84	2_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name most be distinguishable and contain the words "Limited Liabilia	y Company," the designation?	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13255w	70 TOALE
(Principal office address MUST BE A STREET ADDRESS)	MiAMil	21.33144
		12 - 1
Enter new mailing address, if applicable:		63 = -n
(Mailing address MAY BE A POST OFFICE BOX)	-Somit-	Ci D ij
		74 19
•		ે છે. જો ઇંટે જે
B. If amending the registered agent and/or registered off		ords, enter the name of the ne
registered agent and/or the new registered office address here	;	
N. CN. B. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

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 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

ritle	<u>Name</u>	Address NIN	Type of Action
M 6 R	SERGIO É. FABING	7205 NW 781-TCRA. MEDICY Pl. 33166	
			<b>`</b> \${Remove
			Change
			Remove
		219 JAN TALL AHA	□ Change □ ∏ □ Add
			Change  Add  Remove  Change
		<u> </u>	Change
<del></del>			□ Add
			□ Remove
			☐ Change
	<u> </u>		Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change

		<u>-</u> -
<del></del>		<del></del>
	······································	<del></del>
<del>-</del>		······································
	*	
	·	20
	30.0	-n
	<u></u>	1 2
	ي د د د د د د د د د د د د د د د د د د د	
	<u> </u>	NO.
	Ą	, σο
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or a Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) more than 90 days after filing,) ng requirements, this date v	Pursuant to 605,0207 (3 will not be listed as th
the record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. c	on the earlier of:
) The 90th day after the record is filed.		
Dated 1/4/19.		
3700	1.50h	
Signeture of a member or authorized representative	ve of a member	
i i		
MARKETA FABRING		

Page 3 of 3

Filing Fee: \$25.00