## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000343700 3)))



1180003437003ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GENESIS STORE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

GEO 4 2013

A. LUMT

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	GENESIS STORE,LI	uc
(Name of the Limited Lin	bility Comunity as it now onds Limited Limbility Con	EDDRAIN OR OUT records.)
(***	Some Children Dimpliff Con	npany)
The Articles of Organization for this Limited Liability	ty Company were filed	on 10/31/2018 and assigned
Florida document number L18000254260		and ansignor
This amendment is submitted to amend the following	<b>3</b> .	
A. If amending name, enter the new name of the	limited liability comp	day here:
The new name must be distinguishable and contain the words	T Imited I Inhility Con-	Park Asia di 1977 de la companya de
and transcendent to dissinguished the content dis words	minima canny company	the designation "LLU" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · ·	
(Principal office address MUST BE A STREET AL	DDRESS)	0
		F 6
	•	1
Enter new mailing address, if applicable:		
• •	· ·	3
(Malling address MAY BE A POST OFFICE BOX	·	7 2
`	·	من المناسبة
B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office addr address here:	ess on our records, enter the name of the new
Separate Sep	uported noit-	
	(ARCIO RICARDO MÁ	TOTA C
Name of New Registered Agent;	ARCIO ACARDO MA	IIAS
New Rogistered Office Address: 59	950 SW 74TH ST APT 3	b <sub>7</sub>
	Ē	ter Florida speci address
·	IAMI	, Florida <sup>33143</sup>
· <del>7</del>	· CIty .	Zip Code
New Registered Agent's Signature, if chapging Regist	tered Agent:	
	<del></del>	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an	eni ana agree io aci i id complete norfolood	n this capacity. I further agree to comply with the
accept the obligations of my position as registere	d agent as provided t	or in Chapter 005, F.S. Or, if this document is
being filed to merely reflect a change in the regis	vered office address.	hereby confirm that the limited liability
company has been notified in writing of this char	ige.	
	( ) }	1-1-
	<b>X</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	laure lation
	If Changing Ragio	tered Agent, Signature of New Registered Agent
,		1
,	Page 1 of 3	

If amending or removed	g Authorized Person(s) authorized to ma from our records:	anago, <u>enter the title</u>	Luame, and address of	each person being added
MGR = N				
Tide	Name	- Address		Type of Action
AMBR	BELKIS LOSADA SABINA	15340 SW 248TH	ST APT 177	
		HOMESTEAD, F	L. 33033	Cl Add
				Change
AMBR	MARCIO RICARDO MATIAS	3950 SW 74TH S	T APT 307	
		MIAMI, FL. 3314	3	
				🗆 Remove
		<del></del>		Change
				A\$\$
•				Remove U
				DANN O
	f			Detuti. 8.
				Change
				D Add
				Remove
			· · · · · · · · · · · · · · · · · · ·	☐ Change
				Add
	· · · · · ·		· · · · · · · · · · · · · · · · · · ·	Pernove
		}		

Page 2 of 3

			act of (MINION	additional sheets, if neces	5(07), j
	<del></del>				
	<del></del>	· .		<u> </u>	·
			·	1	
			· .		
	<u></u>	<u> </u>	<del></del>		
		• . •			
	٠.		<del></del>		<del></del>
<del></del>	<u> </u>	······································	<del>-                                    </del>		· .
		<u> </u>		<b>!</b> ;	· .
•					
		· · · · · · · · · · · · · · · · · · ·	<del></del>		•
			•		
•					~
· · · · · · · · · · · · · · · · · · ·				<u>                                   </u>	
<del></del>	<del></del>		· .		<u>```</u> ````
	,		<u></u>		
	<u> </u>				She.
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
-		<u> </u>	·	-	9,5
		;	• • •		Ę.
ELLOCATIVE CARD IN LINEAR	er than the date of the date must be specif		or to date of film	cormore than 90 days after fills	
gi If the date inserte ⊒ment's effective da	ed in this block does te on the Departmen	not meet the appl	licable statutory	g or more than 90 days after fill filing requirements, this da	ig.) minsuluit to 605,0207 ( te will not be listed as t
		r or Bure a record	13,		•
ecord spedfles	a delayed effecti	ve date but n	Mtan offisial	ve time, at 12:01 a.m	•
	the record is fil	led.	OC BU CHECK	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	on the earlier of:
ie 90th day afte	•	•		•	
11/21	•				
d 11/21	<del></del>	2018			
11/21	× mls	2018		• • • • • • • • • • • • • • • • • • •	
11/21	× Mily	adpl)	horized renins	Tallue of a manufact	
11/21	× Ma	Martnember jer mot	thorized represen	pellye of a member	· · · · · · · · · · · · · · · · · · ·
11/21	× NAS Signature BELKIS LOS	Martiember or mo	thorized representation	; 	

Filing Fee: \$25.00