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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052

Phone : (305)591-9180

Fax Number : (305)591-9167

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

Email Address:____info@jelenaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GENAAC LLC**

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Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| GENAAC LLC | | | |
|---|--------------------------------------|--|--|
| (<u>Name of the Limited I</u> (A I | Liability Compa Florida Limited I | ny as it now appears on our reclability Company) | ords.) |
| The Articles of Organization for this Limited Liabi | and assigned | | |
| his amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | e limited <u>li</u> ab | ility company here: | |
| | | | |
| he new name must be distinguishable and contain the words | s "Limited Liabil | lity Company," the designation "L | .LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 3004 NW 130 TERRAC | EE |
| (Principal office address MUST BE A STREET ADDRES | | APT 339 | \$\sigma_\ |
| - | | SUNRISE, FL, 33323 | 921 EC: |
| | | | |
| Enter new mailing address, if applicable: | | 3004 NW 130 TERRAC | CE SS |
| (Mailing address MAY BE A POST OFFICE BOX) | | APT 339 | /n _O |
| | | SUNRISE, FL, 33323 | S |
| | | 5011.452, 12, 33323 | - 22 f. 2 |
| If amending the registered agent and/or registered office address h | | address on our records, <u>ent</u> | D |
| Name of New Registered Agent: | ESCOTET SERRANO, JUAN CARLOS | | |
| New Registered Office Address: | 3004 NW 130 T | TERRACE, APT 339 | |
| TION TOWNS OF CHILD I LAW 635. | | Enter Florida street add | tress |
| 5 | SUNRISE | | Florida 33323 |
| - | | City | Zip Code |

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 |
|--------------|--------------------------|-----------------------------|----------------|
| AMBR | ESCOTET HIDALGO, BEATRIZ | 888 S DOUGLAS RD SUITE 1617 | □Add |
| | | CORAL GABLES, FL 33134 | ■Remove |
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| Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D | st be specific a ock does not | nd cannot be prio meet the appli | r to date of filing cable statutory : | or more than 90 day | | |
| he record specifies a delayed effective ord is filed. | e date, but n | ol an effective | ime, at 12:01 a | m, on the earlier | of: (b) The 90th | day after the |
| Dated June 1st | | . 2021 | · | | | |
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| scal protrain high Exec | Signature of | a member or auti | iorized represents | tive of a member | | |