Division of Corporations

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Division of Corporations

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Electronic Filing Corporations

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.

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Doing so will generate another cover sheet.

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 annual report mailings. Enter only one email address please. **

Email Address: Into & Pelenaccounting. com

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

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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX FEB 03 2022 .

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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ù		and the second of the second o					
_	GENAAC LLC						
	(Name of the Lim)	ted Liability Company as it now appears on our re (A Florida Limited Liability Company)	cords.)				
	of Organization for this Limited L Iment number L18000267800	iability Company were filed on 11/15/2018	and assigned				
This amend	ment is submitted to amend the foll	owing:					
A. If amen	ding name, enter the new name o	f the limited liability company here:					
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 appli	cable:					
Principal o	office address MUST BE A STREE	ET ADDRESS)					
Enter new	mailing address, if applicable:						
(Malling address MAY BE A POST OFFICE BOX		<u></u>					
		 -	· <u>+</u> —				
B. If amen	ding the registered agent and/or	registered office address on our records, <u>e</u>	nter the name of the new registers				
agent and/o	or the new registered office addre	ess here:					
			<u> </u>				
<u>N</u> a	arne of New Registered Agent:	BEATRIZ C ESCOTET HIDALGO	:÷ 35 				
Ne	w Registered Office Address:						
<u> </u>		Enter Florida street v	ddress				
			wa				

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.

City

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	J HOLDING GROUP SGPS, LDA	RUA URBANO LUGRIS, #12	= Add
		15173 OLEIROS, A CORUÑA, SPAIN	□Remove
			Change
AMBR	JUAN CARLOS ESCOTET	3004 NW 130 TERRACE	□Add
		APT 339	≅Remove
		SUNRISE, FL 33323	□Change
			□Remove
			□Add
			□Remove
			□ Change
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e record specifies a delayed effect rd is filed.	tive date, but not	an effective ti	nc, at 12:01 a.m	. on the earlier of	: (b) The 90th day	after the
Dated		2021	_ _ ·			
		i i				
	Signature of a r	nember or autho	rized or presentati	ve of a member		