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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BELEN 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 

Email Address: into @ Jekn accounting, com

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ش تد **GENAAC LLC**

<u> </u>
0
04
\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENAAC LLC		
(Name of the Limited	Liability Company as it now appears on our rec A Florida Limited Liability Company)	2 tq3'
The Articles of Organization for this Limited Lia	bility Company were filed on 11/15/2018	and assigned
Florida document number L18000267300		
his amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "I	LIC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		- <u></u>
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	<u></u>
B. If amending the registered agent and/or regagent and/or the new registered office address		ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Euro Elas de constante	
	Enter Florida street ad	21635
		Florida
	City	Z:p 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 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>	Name	Address	Type of Action
AMBR	J HOLDING GROUP SGPS, LDA	Edifício Palácio de Vidrio, No. 30- R la Val Flores	🗆 Add
		Cristelo Cova e Anto 4930 747	□Remove
		Valença, Portugal	
			□ Add
			□ Remove
			☐ Change
			□Add
			□Remove
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			□ Remove
			Change
			🖸 Add
			□ Remove
			Change
			🗆 Add
			Remove
			□ Change

ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and connot be prior to date or	(optional)
an effective date is listed, the date must be specific and connot be prior to date or ote: If the date inserted in this block does not meet the applicable stat ocument's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an affective time, it l	:01 s.m. on the earlier of: (b) The 90th day after the
ated MAY 02	P
UNIVARIA Y Y PARTE I TO TO THE PARTE I TO THE PARTE	JAN \

Typed or printed name of signer