L19000125891

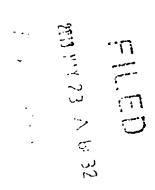
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Genito Investme	
The enclosed Articles of Amendment and fec(s) are submittee	f for filing.
Please return all correspondence concerning this matter to the	following:
Robert Geni	Name of Person
Genito Invest	ment Group LLC Firm/Company
1990 Main S+	Ph 17 Address
Sarasota, FL	34 2 3 6 NState and Zip Code
robertgenito @	ANState and Zip Code Amail Com Isset for future annual report notification)
For further information concerning this matter, please call:	Seed for future annual report notification)
Raquel Fuentes Name of Person	at (941) 465-8910 S. Area Code Daytime Telephone Number S
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on May 9, 2019 and assigned Florida document number L19000125891 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRÉSS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 agant 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>AMBR</u>	RAQUEL FUENTES	1990 MAINST, PH 17 SARASOTA, FL. 34236	🖸 Add
		SARASOTA, FL. 34236	☐ Remove
			Change
		•	
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			Change
			🗖 Add
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			🗆 Remove
			Change
			□ Add
			□ Remove
			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:

7. If amending any other information, enter change,	3) Bette. (And a dama and sactus, y accessor, o
Effective date, if other than the date of filing:	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this block does not meet the	e applicable statutory tiling requirements, this date withhol be using as the
document's effective date on the Department of State's r	redords.
f the record specifies a delayed effective date, t	ا مرتب بالمنافق المنافق المنا
b) The 90th day after the record is filed.	
David M. 6.1. 20 20.19	b 32
Dated May 20 2019	
Toll Grist	or authorized representative of a member
ROBERT GENIT	J. AMBR
Typed	or printed name of Signer
	Page 3 of 3
	Timber of the control

Filing Fee: \$25.00