

L19000185516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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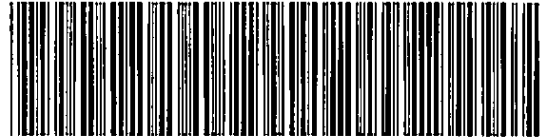
(Business Entity Name)

(Document Number)

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FILED  
19 NOV 18 AM 8:15  
TALLAHASSEE, FLORIDA

DEC 18 2019  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** GENUINE GEM LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALTER STOCKER  
Name of Person  
BIZ ACCOUNTANTS  
Firm/Company  
1070 W HORIZON RIDGE PKWY SUITE 111  
Address  
HENDERSON, NV 89012  
City/State and Zip Code  
bizaccountants@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALTER STOCKER 702 480-4341  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

GENUINE GEM LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/18/2019 and signed  
Florida document number L19000185516

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19 NOV 18 AM 8:15  
TALLAHASSEE, FLORIDA

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6940 FOREST GATE ST

N LAS VEGAS, NV 89084

**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*

Florida

*City*

*Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Victor Sanders	1070 W Horizon Ridge Pkwy	<input type="checkbox"/> Add
		Suite 111	<input checked="" type="checkbox"/> Remove
		Henderson, NV 89012	<input type="checkbox"/> Change
AMBR	Daria Sanders	1070 W Horizon Ridge Pkwy	<input type="checkbox"/> Add
		Suite 111	<input checked="" type="checkbox"/> Remove
		Henderson, NV 89012	<input type="checkbox"/> Change
AMBR	Beatrice Ross	1070 W Horizon Ridge Pkwy	<input type="checkbox"/> Add
		Suite 111	<input checked="" type="checkbox"/> Remove
		Henderson, NV 89012	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**P. D. Ma**

1. Introduction  
 2. Background  
 3. Methodology  
 4. Results  
 5. Conclusion  
 6. References  
 7. Appendix  
 8. Index  
 9. Glossary  
 10. Summary  
 11. Abstract  
 12. Keywords  
 13. Subject  
 14. Topic  
 15. Field  
 16. Area  
 17. Discipline  
 18. Branch  
 19. Department  
 20. Division  
 21. Section  
 22. Unit  
 23. Group  
 24. Team  
 25. Committee  
 26. Board  
 27. Association  
 28. Organization  
 29. Institution  
 30. Agency  
 31. Authority  
 32. Power  
 33. Control  
 34. Management  
 35. Administration  
 36. Operation  
 37. Practice  
 38. Application  
 39. Implementation  
 40. Execution  
 41. Performance  
 42. Productivity  
 43. Efficiency  
 44. Effectiveness  
 45. Quality  
 46. Quantity  
 47. Value  
 48. Cost  
 49. Benefit  
 50. Impact  
 51. Influence  
 52. Contribution  
 53. Participation  
 54. Engagement  
 55. Collaboration  
 56. Cooperation  
 57. Coordination  
 58. Communication  
 59. Interaction  
 60. Relationship  
 61. Network  
 62. System  
 63. Structure  
 64. Organization  
 65. Design  
 66. Development  
 67. Growth  
 68. Expansion  
 69. Progress  
 70. Advancement  
 71. Innovation  
 72. Research  
 73. Study  
 74. Investigation  
 75. Analysis  
 76. Examination  
 77. Inspection  
 78. Observation  
 79. Measurement  
 80. Assessment  
 81. Evaluation  
 82. Review  
 83. Check  
 84. Verify  
 85. Confirm  
 86. Validate  
 87. Authenticate  
 88. Authorize  
 89. Approve  
 90. Accept  
 91. Agree  
 92. Consent  
 93. Assent  
 94. Assurance  
 95. Assurance  
 96. Assurance  
 97. Assurance  
 98. Assurance  
 99. Assurance  
 100. Assurance

11/06/2019

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated November 6 2019

November 6, 2019  
 Georgia Sanders  
 Signature of a member or authorized representative of

Signature of a member or authorized representative of a member

## Gesha Sanders

Typed or printed name of signee