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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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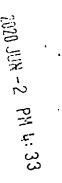




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#### Registration Section Division of Corporations

Genius Solutions LLC

зјест:	Name of Limited Liability Company	
enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
isc return all correspo	condence concerning this matter to the following:	
	Daouda Keita	
	Name of Person	
	Genius Solutions LLC	
	Firm/Company	
	520 Roberts rd	
	Address	
	Saint Johns, FL 32259	
	City/State and Zip Code	
	david.keita@geniussolutions.vet	
	E-mail address: (to be used for future annual report notification)	
further information c	concerning this matter, please call:	
vid	813 5629829	
······································	at ()	
N <b>a</b> me o	of Person Area Code Daytime Telephone Number	
losed is a check for th	the following amount:	
\$25,00 Filing Fee	□ \$30.00 Filing Fee & □ \$60.00 Filing Fee &	of Status & opy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION OF

Genius Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.) lorida Limited Liability Company Articles of Organization for this Limited Liability Company were filed on and assigned da document number \_\_\_\_L19000187798 amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iling address MAY BE A POST OFFICE BOX) f amending the registered agent and/or registered office address on our records, enter the name of the new registered it and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

### R = Manager BR = Authorized Member

Name	Address	Type of Action
JAMES VANG	38 E, 5TH ST, JACKSONVILLE, FL 32206	<b>≣</b> Add
		<b>=</b> Add
		□Remove
		□Change
BENGALY KARAFALA	10300 HARWIN DR, HOUSTON, TX 77030	S ≣Add
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ve date, if other than the da ctive date is listed, the date must be			(optional)	
f the date inserted in this block	does not meet the applicab	date of filing or more the	in 90 days after fring.) Pursua tirements, this date will no	nt to 605.020 t be listed a
nt's effective date on the Depa	rtment of State's records.			
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specifies a delayed effective dad.	ne, but not an effective um	e, at 12;01 a.m. on the	e earlier of: (b) I he soun (	day after the
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