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| PICK-UP WAIT MAIL |
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TO:

Tallahassee, FL 32314

| | Registration Se Division of Cor | | | | | | |
|-------------|-------------------------------------|--|---|-----------------|--|--|--|
| OLID IEZY | GENCREA | ATIVE LLC | | | | | |
| SUBJEC" | T:Name of Limited Liability Company | | | | | | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please reti | urn all correspo | ondence concerning this matter | to the following: | | | | |
| | | Jessica Zapata | | | | | |
| | | | Name of Person | | | | |
| | | GENCreative Solutions | | | | | |
| | | | Firm/Company | | | | |
| | | 3937 Tree Top Dr. Address | | | | | |
| | | | | | | | |
| | | Weston, Fl. 33332 | | | | | |
| | | | City/State and Zip Cod | e | | | |
| | | jessicazapata@gencreativesolutions.com E-mail address: (to be used for future annual report notification) | | | | | |
| For furthe | er information c | concerning this matter, please co | | n tepon nomean | , whi | | |
| Jessica 2 | Zapata | | | 038472 | | | |
| | Name o | of Person | at () Area Code | Daytime Te | lephone Number | | |
| Enclosed | is a check for the | he following amount: | | | | | |
| □ \$25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee Certified Copy (additional copy is e | | \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Addres | | | Address: | | | |
| | Registration : Division of C | | Registration Section Division of Corporations | | | | |
| | P.O. Box 632 | | | Centre of Talla | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GENCREATIVE LLC

| (<u>Name of the Limited Liability Compan</u> (A Florida Limited L. | y as it now appears on our records. ability Company) |) | |
|--|---|-----------------------------|--|
| The Articles of Organization for this Limited Liability Company v | were filed on 01/31/2020 | and assigned | |
| Florida document number L19000283158 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| GENCreative Solutions LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "LLC" of | or the abbreviation "L.1C." | |
| Enter new principal offices address, if applicable: | | 2 | |
| Principal office address MUST BE A STREET ADDRESS) | | 20 | |
| | | | |
| | | | |
| | | # - M | |
| Enter new mailing address, if applicable: | | 2 | |
| Mailing address MAY BE A POST OFFICE BOX) | | ं प्र | |
| | | - O6 | |
| | | | |
| If amending the registered agent and/or registered office ad gent and/or the new registered office address here: | ldress on our records, <u>enter th</u> | e name of the new register | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | Flori | da | |
| | City | da | |
| ew Registered Agent's Signature, if changing Registered Agent: | | | |
| hereby accept the appointment as registered agent and agree | to got in this assessment 15 of | | |

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> | Address | Type of Action |
|--------------|----------------|---------------------------------------|----------------|
| AMBR | Jessica Zapata | 3937 Tree Top Dr. | □Add |
| | | Weston, Fl. 33332 | |
| | | | ■Change |
| AMBR | Isabel Rincon | 4064 Pine Ridge Ln. | □Adđ |
| | | Weston. Fl. 33331 | □Remove |
| | | | ■Change |
| | | | □Add |
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| E.C. | 01/31/2020 |
| Effectiv If an effe | re date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 |
| Note: I | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records. |
| docume | at 3 checite date on the 12-partition of State 3 records. |
| w record | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ord is file | |
| | |
| | anuary 31st 2020 |
| J Dated _ | |
| Dated _ | |
| J Dated _ | Lutuk |
| Dated _ | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00