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| (R | Requestor's Name) | |
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| (A) | ddress) | |
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| | | |
| (C | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | usiness Entity Nam | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|-------|--------------------------------------|---|---|---|
| erin | Dora Camp | LLC | | |
| SUB | JECT: | Name of Lim | ited Liability Company | |
| The | enclosed Articles of A | Amendment and fec(s) are sub | mitted for filing. | |
| Plea | se return all correspor | ndence concerning this matter | to the following: | |
| | | Ryan Cipparone, Esquire | | |
| | | · · · · · · · · · · · · · · · · · · · | Name of Person | |
| | | Cipparone & Cipparone, E | squire | |
| | | | Firm/Company | |
| | | 1525 International Parkwa | y, Suite 1071 | |
| | | | Address | |
| | | Lake Mary, FL 32746 | | |
| | | | City/State and Zip Code | |
| | | RCipparone@CipparonePA | | |
| | | E-mail address: (| to be used for future annual report notifi- | cation) |
| For i | further information co | neerning this matter, please co | nll: | |
| Rya | n Cipparone, Esquire | | 321 275-5914 at () | |
| | Name of | Person | Arca Code Daytime | Telephone Number |
| Encl | osed is a check for th | e following amount: | | |
| 皇: | \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS: Registration Section

Division of Corporations P.O. Box 6327 Taliahassee, 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

| (Name of the Limit | ted Liability Compar (A Florida Limited L | ıy as it now app | ears on our records.) | |
|--|--|-------------------------------|---|--|
| The Articles of Organization for this Limited L Florida document number L20000006010 | | | | and assigned |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited liabi | lity company | here: | |
| The new name must be distinguishable and contain the v | vords "Limited Liabil | ity Company," th | e designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | ROX) | | · | |
| Transaction in the second seco | 2010 | | | |
| B. If amending the registered agent and registered agent and/or the new registered o Name of New Registered Agent: | | : | on our records, <u>ente</u> | r the name of the new |
| | 1525 Internation | nal Parkuyay S | ite 1071 | |
| New Registered Office Address: | 1525 International Parkway, Suite 1071 Enter Florida street address | | | |
| | Lake Mary | | , Florida | 32746 |
| | | Сцу | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | | £ }, |
| I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this | er and complete istered agent as p registered office | performance provided for i | of my duties, and I an n Chapter 605, F.S. O | n familiar with and or, if this document is |

Page 1 of 3

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 | Gen Holdings, LLC | 8 The Green, Suite A Dover, DE 19901 | Add |
| | | | ☐ Remove |
| | | | Change |
| AMBR | AMBR David S. Nye, Jr. | 3505 N. Highway 19A Mount Dora, FL 32757 | □ Add |
| | | | Remove |
| | | | Change |
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| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated | | | | <u> </u> | | <u> </u> |
|--|---|---|--|---|----------------------------|-----------------------------|
| Iffective date, if other than the date of filing: 'an effective 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 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The erecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filled. Signature of a member or authorized representative of a member Gen Holdings, LLC | | | | | | |
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Page 3 of 3

Filing Fee: \$25.00