Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000269900 3)))



H220002699003ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GREEN BOX TAX SERVICES INC

Account Number : I20190000123 Phone : (305)928-1137

Fax Number : (786)349-4952

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Bestiegenie a gmail. com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BESTIE GENIE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

A RAMSEY
ANG 11 2022

2022 ATTG 10 AH ID: 15

ARTICLES OF AMENDMENT TO

No. 0341 F. 2 H22-0002699003

ARTICLES OF ORGANIZATION
OF

2022 AUG 10 AM 11: 56

BESTIE GENIE LLC		
(Name of the Limited Linbi (A Plorid	lity Company as it now appears on our re da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 02/17/2020	and assigned
Florida document number L20000053237	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
GENIE HANDS LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	<u>PRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register	ed office address on our records e	nter the name of the new registers
agent and/or the new registered office address here		HIGH AND DAMES OF THE WAY, ACCOUNT
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	nddress
		, 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

H220002699003

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 = Anthorized Member H220002699003

Title	Name	Address	Type of Action
			□Remove
			□Change
			DAdd
			□Remove
			☐ Change
			□Add
			□Remove
			□Add
			□Remove
			Change
	•		□Remove
			Change
	-		
			Remove
			∏ Changa

									
_			·						
_									
			<u> </u>						
				 . <u>-</u>					
							_		
							_		
			<u>.</u>	_		-			
_					•	_	<u></u>		
_					_				
		·	-			_			
_	 _		_			_ <u>-</u>			
_									
	· · ·			<u> </u>		<u> </u>	<u>_</u>		
lf an effect <u>Note:</u> If	tive date is listed, the date inserte	r than the dat the date must be sed in this block of the on the Depart	pecific and cam loes not meet	the applicabl	date of filing or r e statutory fili	nore than 90 da	(optional) ys after filing.) nts, this date	Pursuant to 605.0 will not be listed)207 d as
e record s rd is filed	specifies a delay i.	yed effective dat	e, but not an e	ffective time	, at 12;01 a.m.	on the earlie	r of: (b) The	90th day after	the
Dated A	UGUST 4TH		A 20)22					
	· ·	A	WAA	7	•				
		√ ★			- <u>-</u>	of a member			

Typed or printed name of signce