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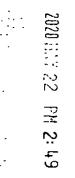
(Request	or's Name)
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

Gencie, L SUBJECT:	LC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Christopher Halscheid		
		Name of Person	
	Gencie, LLC		
		Firm/Company	
	P.O. Box 1890		
		Address	
	Ocean City, New Jersey 08	3226	
	 	City/State and Zip Code	
	Chris@SouthWindsGroupL		
		to be used for future annual report noti-	fication)
For further information	concerning this matter, please c	all:	
Christopher Halscheid		609 352-7874	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration	•	Street Address: Registration Sec	ation
-	Corporations	Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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

Genere, EEG				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)			
(A rional Linnea)	Claumity Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000103805</u>	were filed on May 06th 2020 and assigned			
nortal document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
T	3842 Ironbridge Blouveard			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
	Unit #2			
	Fort Meyers, Florida 33916			
F-A				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new regist			
agent and/or the new registered office address here:	.			
N CN B 1 L				
Name of New Registered Agent:				
New Registered Office Address:				
The Registered Office / Rediebe.	Enter Florida street address			
	, Florida			
	City Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

Consis LLC

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>	Name	<u>Address</u>	Type of Action
MGR	SouthWinds Group LLC	859 Ocean Avenue	\ \exists \ Add
		Suite 1890	□Remove
		Ocean City, New Jersey 08226	□Change
			□Add
			Петоve
			□Change
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Effective date, if other than the office of the date must Note: If the date inserted in this blo document's effective date on the De	he specific and cannot b ck does not meet the	applicable statutor	ng or more than 90 da		
ne record specifies a delayed The 90th day after the reco		ut not an effec	tive time, at 12	:01 a.m. on the e	arlier of
Dated	2020				
Dated	 ;				
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	ignature of a member of	r authorized represe	entative of a member		

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