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(Requestor's Name)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			4 ·
GENKI & C		* .	•
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	SIMON NAON		
		Name of Person	
	NAON AND CO. LLC		
		Firm/Company	
	60 SW 13TH ST #4013		_
		Address	
	MIAMI FL 33130		
		City/State and Zip Code	
	SIMON@NAONANDCO.	COM to be used for future annual report no	tification)
For further information of	concerning this matter, please or		
SIMON NAON		347 8986079 at ()	
Name o	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	dian
Registration	Section Corporations	Registration S Division of Co	
P.O. Box 63	· · · · · · · · · · · · · · · · · · ·	The Centre of	-

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENKI & CO LLC			
(Name of the Limit	ed Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited L			and assigned
Florida document number 1.20000192959			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability compan	y here:	
The new name must be distinguishable and contain the w	words "Limited Liability Company."	the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on o ess here:	ur records, <u>enter th</u>	e name of the new register.
Name of New Registered Agent:	SIMON NAON		
New Registered Office Address:	60 SW 13TH STREET #401		
	Ente	r Florida street address	
	MIAMI	, Flori	ida 33130 Zip Code
	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 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	Address	Type of Action
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
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fection of the	re date, if other than the date of filing:
eume	nt's effective date on the Department of State's records
ecord is filo	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after thed.
ited _	08/02/2022
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00