

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.

(((H24000262911 3)))



H240002629113A90

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:			



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALESKA GENESIS LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	04	
Estimated Charge	\$25.00	

Electronic Filing Monu

Corporate Filing Menu

Help

K. SALY AUG - 7 2024 3052201440

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

— — — — — — — — — — — — — — — — — — —
FILE
FILED
2024 AUG -
PALLAHARAS
TALLAHARI S. 37
TALLAHASSEE, FLOSIA

ALESKA GENESIS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/08/2021 and assigned Florida document number __L21000066561 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new trame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 123 SW NORTH RIVER DR ST 7045 MIAMI, FLORIDA 33130 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 123 SW NORTH RIVER DR ST 7045 (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FLORIDA 3313 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

____, Florida ___

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>	<u>Address</u>	
MGR		CASTULLANCE CEMECO	_	Type of Action
	_	CASTELLANOS, GENESIS	123 SW NORTH RIVER DR ST 7045, FL 33130	Add
				; N.C.U
			<u> </u>	
				;
				IChange
AMBR		CASTELLANOS, BARBARA	123 SW NORTH RIVER DR ST 7045, FL 33130	
·——,—			·	Add
				; ;
				□Remove
				ZChange
				_ = Z.Add
				🗆 Remove
				:
				_ Change
				THE THE
			7	
				Remove
	•			
	•			(ElChange
				BAdd □□Add
				_ □Add
				_ URemove
				_ nucialite
			··	_ Change
				W. T
	-			_ CAdd
				:
				Remove
				- o