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SECRETARY OF STATE
TALLAHAS SEE PATE

A. **BUTLER** FEB 2 5 2022

COVER LETTER

TO:	Registration Security Division of Corp		•	* .		•
STID TEA	GENUIS PRO	OD LLG		7		
301963	C1.		ited Liability Company			
The encl	losed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspon	dence concerning this matter	to the following:			•
		AHLAM H MIDAN				
			Name of Person	-	<u> </u>	
			Firm/Company			
		7125 ALTIS WAY # 2	∘7			
			Address	·		
		ORLANDO, FLORIDA 32	2836			
		<u>.</u>	City/State and Zip C	ode		
		LEGAL@GENIUSPRODS.				
		E-mail address: (i	to be used for future an	nual report notis	fication)	
For furth	er information cor	cerning this matter, please ca	aH;			
AHLAM	1 H MIDAN		407	6030408		
	Name of F	Person	at () Area Code	Daytime	e Telephone Number	
Enclosed	l is a check for the	following amount:				
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing 1 Certified Copy radditional copy i	y	Certified	e of Status &
	Mailing Address:		Stree	t Address:		

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee. FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records) RY OF STATE
(A Florida Limited Liability Company) STATE OF STATE

FILED

GENUIS PRODILLC

company has been notified in writing of this change.

.2022 FEB 14 AM 6: 12

TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{02/22/2021}{1}$ ___ and assigned Florida document number <u>L21000086635</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GENIUS PRODS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 _, Florida ____ City 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

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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Remove
			□Change
			🗆 Add
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Filing Fee: \$25.00