## L21000102905

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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
SUBJECT: GENESI	S SWIMWEAR, LLC	· · · · · · · · · · · · · · · · · · ·	
•	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GENE	SIS A BERMUDEZ FALCO	N
		Name of Person	
	GI	ENESIS SWIMWEAR, LLC	
		Firm/Company	
	2	268 BANCROFT BLVD	
		Address	
		ORLANDO, FL 32833	
	CIPAG	City/State and Zip Code	±1
		ESISSWIMWEARLLC@gma to be used for future annual report noti	
For further information c	oncerning this matter, please c	·	
		107 210 2170	
	MUDEZ FALCON  f Person	at ( <u>407</u> ) <u>219-2178</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassec. FL	porations fallahassee e Street, Suite <b>§</b> 10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## GENESIS SWIMWEAR, LLC

(Name of the Limited I	Jability Company as it now apper Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabi	lity Company were filed on _	03/03/2021	and assigned
Florida document number L21000102905			
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability company l	nere:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:		····
(Principal office address MUST BE A STREET A	ADDRESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	<del></del> -	
B. If amending the registered agent and/or regis	ctored office address an our	records anter the non	a of the now registered
agent and/or the new registered office address h		records, enter the nan.	e of the new registered
Name of New Registered Agent:			20.9
New Registered Office Address:			
	Enter Fl	orida strvet address	<u> </u>
_		Florida	<u></u>
	City		Zip.Code =
New Registered Agent's Signature, if changing Reg	istered Agent:		3: 00 STA
New Registered Agent's Signature, if changing Regit hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change in the registery.	red agent as provided for in istered office address, I here	Chapter 605, F.S. Or,	ree to comply with the familiar with and if this document is

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
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			□Remove
			□ Change
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		<del></del>	□Remove
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			□Change
			□ Add

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etive date	, if other than the	date of filing		/2021	(	optional)	
<u>e:</u> If the di	e is listed, the date mu ite inserted in this b ective date on the D	lock does not m	eet the applical	o date of filing or ole statutory fil	more than 90 days ng requirement	s after filing.) Pursu s, this date will n	ant to 605,02 of be fisted:
cord specifi s filed.	es a delayed effectiv	e date, but not a	an effective tim	e, at 12:01 a.m	, on the earlier (	of: (b) The 90th	day after th
	April 27		2021		$\sim$		

Typed or printed name of signee