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T. MATTHEWS

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: | |
| GENESIS SANTANA BORGES Name of Person | |
| Generis Sontona Berges / NESGEN. LLC Firm/Company 401 E 7th AVE. APT. 403 | |
| Tampa, FL 33602 City/State and Zip Code | |
| Nesgenta Q outlook. Com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Genesis Sanlana Borges at (813) 279 - 9779 Name of Person Borges Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| ☐ \$25.00 Filing Fee Certificate of Status ☐ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) | |
| | |

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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**

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| (Name of the Limite | ESGEN d Liability Company A Florida Limited Lia | as it now appears bility Company) | on our records. | J | |
|---|---|--------------------------------------|-----------------------|------------------|----------------------|
| The Articles of Organization for this Limited Lie | ability Company w | | | | and assigned |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited <u>liabili</u> | ty company her | <u>-e</u> : | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liability | Company," the de | signation "LLC" | or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applica | • | • | | | |
| Principal office address MUST BE A STREET | <u>ADDRESS)</u> | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | , | | | | |
| Mailing address MAY BE A POST OFFICE E | (OX) | - | | | |
| | | | | | |
| B. If amending the registered agent and/or reagent and/or the new registered office address | | dress on our re | cords, <u>enter t</u> | <u>he name o</u> | f the new registered |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | 401 | E 7th Enter Florid | AVE. | APT | 403 |
| | Tan | ∩ Pa | , Floi | rida <i>-</i> | 33602 Zip Code |
| New Registered Agent's Signature, if changing R | egistered 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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| It an eff Note: | ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| e recor rd is fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated | 01/15/2027 . 11:45 am. |
| | Signature of a member or authorized representative of member |
| | Genesis Santana Borges Typed or printed name of signee |

4-1-6

Filing Fee: \$25.00