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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PROELSITAX

Account Number : I20230000184

Phone : (407)201-2375

Fax Number

: (407)201-2375

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

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TO:

Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of Co	rporations						
GENESIS	DRYWALL LLC						
GENESIS DRYWALL LLC SUBJECT: Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	CARLOS A. GAVIRIA R	OSERO					
	Name of Person						
	GENESIS DRYWALL LI	C					
		Firm/Company					
	2911 PUERTA DEL SOL	BLVD					
		Address	· · · · · · · · · · · · · · · · · · ·				
	KISSIMMEE, FL 34744						
		City/State and Zip Code					
	K.R.LITOSTI@HOTMAIL						
Pa- 6		to be used for fliture annual report noti	itication)				
	concerning this matter, please c						
CARLOS A. GAVIRIA ROSERO		at () 577-1038 Area Code Daytim					
Name o	of Person	Area Code Daytim	e Telephone Number				
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (#dditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Malling Address: Registration Section		Street Address: Registration Se					
Division of C		Division of Corporations The Centre of Tallebassee					

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENESIS DRYWALL LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as It now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.22000108195	any were filed on 03/02/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		2024
(Mailing address MAY BE A POST OFFICE BOX)		र्षुं म
		<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	Cin_{i}	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.

From Proels: Tax LLC To:

Page, 4 of 5 2024-09-10 19.02:46 GMT 14079260471 From Proels Tax 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

Title	Name	Address	Type of Action
AMBR	LOPEZ ROSERO, MAURICIO	2911 PUERTA DEL SOL BLVD	\(\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\Bar{\B
		KISSIMMEE, FL 34744	Remove
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			□Remove
			□Change

To:

Typed or printed name of signee