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T. MATTHEWS

JUL 11 2022

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Genesis Busi SUBJECT:	ness Management Holdings Ll.		
	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
	idence concerning this matter to		
	Carlos J. Burruezo, Esq.		
	Curtous	Name of Person	
		Name of Person	
	Burruezo & Burruezo, PLLO	C	
		Firm/Company	
	911 Outer Road		
		Address	
	Orlando, Florida 32814		
		City/State and Zip Code	
	carlos@burruezolaw.com		
	E-mail address: (t	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Carlos J. Burruezo, Esq.		407 754-2904	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ho following amount:		
		CES ON William Roo &	☐ \$60.00 Filing Fee.
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address:	
<u>Mailing Addre</u> Registration		Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 633	-	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO SECRETARY OF STATE ARTICLES OF ORGANIZATION OF CORPORATIONS OF 22 MAY 11 PM 12: 27

Genesis Business Management Holdings Li		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our ro da Limited Liability Company)	ccords.)
The Articles of Organization for this Limited Liability Clorida document number L22000115376		2 and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
		· · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:		_
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or register gent and/or the new registered office address here 		nter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
<u> </u>		_, Florida
	City	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.

• 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>	Type of Action
AMBR	Mattos, Fernando	8764 Lookout Pointe Drive, Windermere, FL 34786	■Add
			□Remove
			□Change
AMBR	Mattos, Giovanna	8764 Lookout Pointe Drive, Windermere, FL 34786	□Add
			Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
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		·	□Add
			□Remove
			□Change

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Note: If the date	if other than the date of filing:	6,020 ed as
e record specifies rd is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
Dated May 2	2022	
Jaico	Signature of a member or authorized representative of a member	
<u> </u>	Signature of a member or authorized representative of a member	
	·	

Filing Fee: \$25.00