L22000126556

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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JAN D. U. 2024

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
KANWE E	NTERPRISES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JESSICA KANE		
		Name of Person	
		Firm/Company	
	2817 VIA FLORENTINE		
	-	Address	
	HENDERSON, NV 8907	4	
		City/State and Zip Code	
	ADMIN@GENIECHAT.C	OM to be used for future annual report no	orification)
		•	ouncation)
ror further information c	oncerning this matter, please c	all:	
JESSICA KANE		360 991-2625 at ()	
Name o	f Person	Area Code Dayti	ime 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	Section
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee, 1		The Centre of	Tallahassee oe Street, Suite 810
	. ~	4713 14. IVIOIII	or parce, parte ore

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

KANWE ENTERPRISES LLC

ARTICLES OF C	ORGANIZATION	
)F	202
KANWE ENTERPRISES LLC (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco	and assigned
		1/2/4
The Articles of Organization for this Limited Liability Company	were filed on	and assigned > 2
Florida document number L22000126556		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
GENIECHAT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2817 VIA FLORENTINE	
(Principal office address MUST BE A STREET ADDRESS)	HENDERSON, NV 89074	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
AND THE DOT OF THE DOT		
B. If amending the registered agent and/or registered office a	address on our records, ente	r 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 addre	ess
	r	lorida
	City , F	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 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
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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Q.V.	JANUARY 25 ated	2024			
Signature of a member or authorized representative of a member	0 10.	,	·		
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Filing Fee: \$25.00