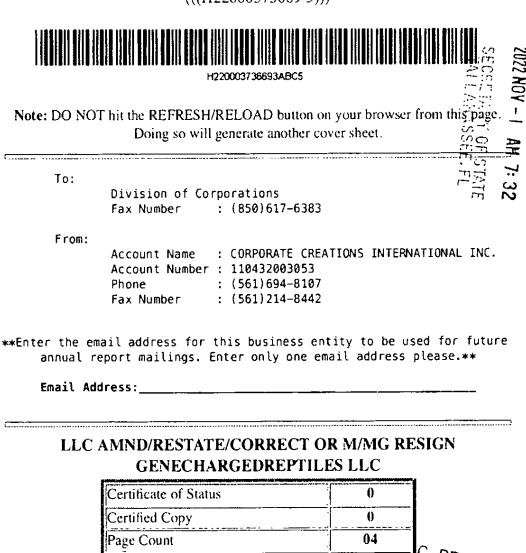
O 11/01/20/2 11:53.AM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000373669 3)))



1.01 - 1 2000

\$25.00

Estimated Charge

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Genechargedreptiles LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 04/18/2022	and assigned
Florida document number L22000163016	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
	11 11 11 11 11 11 11 11 11 11 11 11 11	20 20
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "E.L.C. or	the appreviation TSL.C.
Enter new principal offices address, if applicable:		No.
(Principal office address MUST BE A STREET ADD	RESS)	FARY - F
		7: 3
Enter new mailing address, if applicable:		M 2
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	od affice address on our records, enter the	e name of the new registered
agent and/or the new registered office address here:		than of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Floric	
	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	Jacobo Bacariza	12500 Cypress Island Way	
		Wellington, FL 33414	□Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□Add
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E. Effective date, if other than th	e date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(
Note: If the date inserted in this lacument's effective date on the	block does not meet the applicable st	atutory filing requirements, this date will not be listed as the
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
November I	, 2022	
Lambelen		
· /		

Filing Fee: \$25.00

Typed or printed name of signee