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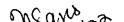
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COVER LETTER

TO:

TO: Rep	gistration Sec vision of Corp	tion orations				
SUBJECT:	Genesis Auto	Pros ·	•	,	•	
o o b s n e i .		Name of Lin	nited Liability Com	pany		
The enclosed	d Articles of A	mendment and fee(s) are sub	omitted for filing.			
		dence concerning this matter	_			
		Justin Thompson				
			Name of Po	rson		
		Genesis Auto Pros				
			Firm/Comp	pany		
		7400 Powers Ave Apt 482	:			
			Address		·	
		Jacksonville, FL 32217				
		juztinit68@hotmail.com	City/State and Z	ip Code		
			to be used for futur	e annual report	notification)	
For further in	nformation con	cerning this matter, please ca	all;			
Justin Isaiah	Thompson		904 at (2079351		
	Name of F	erson	Area C	ode Day	vtime Telepho	one Number
Enclosed is a	check for the	following amount:	. ~o* .	5		
\$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Fili Certified ((additional c			S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.C	iling Address: gistration Se vision of Cor). Box 6327 lahassee, FL	porations	F D T 2	treet Address Registration Division of C The Centre of 415 N. Mor Callahassee,	Section Corporation of Tallahas aroe Street	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Genesis Auto Pros LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	
Florida document number 1.22000296937	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	iny here:
Project Ark LLC	
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- Til
	ngina narin
	V. 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
R. If amonding the registered name 1/	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	er Florida street address
	, Florida
City	, Florida 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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ective date, if other than the effective date is listed, the date in this ument's effective date on the	nust be specific and ca block does not me	annot be prior t	to date of filing able statutory	or more than 90 filing requiren	(option days after file nents, this d	al) ing.) Pui	rsuant to	
record specifies a delayed effectis filed.	tive date, but not ar	a effective tin	ne, at 12:01 a	.m. on the earl	ier of: (b)	The 90	th day	after the
ated	- <u>-</u> ·	2022	·					
	<u>, , , , , , , , , , , , , , , , , , , </u>		=					