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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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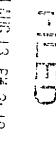
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STORETARY OF STATE
TALLAHASSEE, FL





COVER LETTER

TO: Registration : Division of Co		
	S GROWTH GROUP CO LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	pondence concerning this matter	to the following:
	CARLOS PACHECO	
		Name of Person
	IQB ADVISORS INC	
	<u> </u>	Firm/Company
	5748 IST LN	
		Address
	VERO BEACH FL 32968	
		City/State and Zip Code
	IQBADVISORS@GMAIL	.COM
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	all:
CARLOS PACHECO		561 900-6439 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Section
	Corporations	Division of Corporations
P.O. Box 63	Z1	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GENESIS GROWTH GROUP CO LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 11/08/2022 and assigned Florida document number L22000479227	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	_ _ _ <u>ered</u>
Name of New Registered Agent:	_
New Registered Office Address:	77
Enter Florida street address	Times Propri
City Florida Zip Code	_{ ! !
Florida City City	in _{ence} of
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and	the

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
MGR	LAURA M PACHECO	5748 IST LN	
		VERO BEACH FL 32968	■Remove
			☐ Change
			□ Remove
			□Change
	·		□Add
			□ Remove
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			□Change
<u> </u>			□ Add
			□Remove
			□Change

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