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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

	ision of Corp			
Gensy Ll				
,		Name of Lim	ited Liability Company	
	•			1
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
	•	Sophie Raniwala		r
			Name of Person	
	·	Gensy LLC	·	
			Firm/Company	-
	•	6816 NW 63rd Way	·	· · · · · · · · · · · · · · · · · · ·
•			Address	-
		Parkland 33067		
			City/State and Zip Code	<del>-</del>
		sophie.raniwala@kedventur		
For further i	nformation co	nmail address: ( oncerning this matter, please o	to be used for future annual report notification)	•
Sophie Rani			33067 4252098503	200
	Name of	Person	at () Area Code Daytime Telephone Numbe	2024 FEB 27
Enclosed is	a check for the	e following amount.		1 1
<b>■ \$</b> 25.00 l	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	iling Fee (1)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gensy LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company value of Organization for this Liability Company value of Organization for this Liability Company value of Organization for the Organization		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abi	previation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	<u>-</u>
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	Idress on our records, <u>enter the name</u>	e of the new registe
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	2
•	Enter Florida street achtress	
	City	Zip Col
lew Registered Agent's Signature, if changing Registered Agent:		·

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>	Address	Type of Action
MGR	Ashish Raniwala	6816 NW 63rd Way Parkland, FL 33067	<b>≣</b> ∧dd`:
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(If an effective date is listed, the date must be	e of filing:	r tiling.) Púr	suant to	ر 605 انځونا د ۲	,0207 หนัสร อ
ne record specifies a delayed effective da ord is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of: (1	b) The 90	th day	after	the
Dated February 20	2024				
	Wair	•			ı
•		<u> </u>			
Sig	nature of a member or authorized representative of a member				

Filing Fee: \$25.00