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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

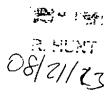
Office Use Only



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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Cor	porations			
	ONTROL RENTALS LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
	ondence concerning this matter	-		
rease return air correspe	machee concerning this matter	to the following.		
	Manuel Cabrera			
		Name of Person	· · · · · · · · · · · · · · · · · · ·	
		Firm/Company		
	8609 Bellevista Dr	rung ompany		
		Address		
	Tampa, Florida 33635			
		City/State and Zip Code		
	admin@geniusprocollective			
	E-mail address: ()	to be used for future annual report notification)	<del></del>	
For further information e	oncerning this matter, please ca	all:		
Manuel Cabrera		813 504-5791 at ()		
Name o	f Person	Area Code Daytime Telepho	ne Number	
Enclosed is a check for the	ne 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 enclused)	
Mailing Addres Registration S		Street Address: Registration Section		
Division of Corporations		Division of Corporatio	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRUISECONTROL RENTALS LLC		
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	impany were filed on 05/30/2023	and assigned
This amendment is submitted to amend the following:	_•	
A. If amending name, enter the new name of the limit	ed liability company here:	
Genius ProCollective, Limited Liability Company		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	2023 2023
		AUG 21 P
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		======================================
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
<del></del>	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 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
			□Add
			□Remove
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			□Change
			□ Add
			□ Change
			🗀 Add
			□Remove
			□Change

## Page 2 of 3

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F Fffe	ctive date, if other than the date of filing: (optional)	
(If an i Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	5.0207 (3)(b) sted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl e 90th day after the record is filed.	ier of:
_		
Date	d	
	Signature of a member or authorized representative of a member	
	Manuel Cabrera	

Filing Fee: \$25.00