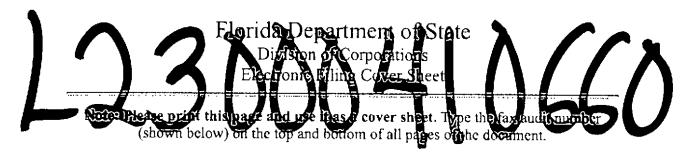
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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INSURE SAFE, INC/MARIA RODRIGUEZ

Account Number : I20160000047 Phone : (305)303-7080 Fax Number : (305)267-4206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema1	1	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JGENESISSHARONE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

NOV - 7 2024

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Corporate Filing Menu

Help

p.2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JGENESISSHARONE LLC					
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Companies of Organization for this Liability Companies of Organization for the Organization for this Liability Companies of Organization for the Organizati	y were filed on	11/07/2024	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	signation "LLC" or the	abbreviat	on "L.L.	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			(°)	202	
			<u> </u>	<u>.</u>	مدونت
				₹ -	
Enter new mailing address, if applicable:			S	7	
Mailing address MAY BE A POST OFFICE BOX)			71 () 7-177; 70	<u>₽</u>	
			775	<u></u>	
D. IC			17	96	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the nar</u>	ne of th	e new r	egister
· · · · · · · · · · · · · · · · · · ·					
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Floria	la street address	-		
		, Florida			
	City	,	Zıp (ode	
ew Registered Agent's Signature, if changing Registered Agent:					
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete ccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.	performance of n provided for in Ch	ty duties, and Lam Japter 605 F.S. Or	familiai if this	r with a	mil.
If Chan	ging Registered Agen	t, Signature of New Re	gistered	Agent	_

р.3

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
AMBR	GIL GASTON	1516 NW 119TH ST, APT. #108MIAMI, FL 33167	= Add
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fective date, if other than the date of filing:	11/07/20	024		(optiona	.15	
in effective date is listed, the date must be specific and cannot	be prior to d	ate of filing or	more than 90 d	ave after file	no i Diamina	nt to 605.02
ote: If the date inserted in this block does not meet the current's effective date on the Department of State's r	ecords.	e statutory n	ing requireme	nts, this da	te will not	be listed:
ecord specifies a delayed effective date, but not an effe is filed.	ctive time,	at 12:01 a.n	n. on the carlie	r of: (b)	The 90th d	ay after th
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tcdNovember 7TH 2024						
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