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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : USACORP INC. Account Number : I20130000019 Phone : (718)362-4789 Fax Number : (718)408-2550

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

Email Address: 1matthewgrant@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SECURED CABINETS & KITCHEN DESIGN SALES LLC

Certificate of Status	0
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M. SOLOMON

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF .

Secured Cabinets & Kitchen Design Sales LLC				
23 (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
 The Articles of Organization for this Limited Liability Company	were filed on 05/31/2024	_ and assigned		
Florida document number <u>L24000241255</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:	5. S.		
Genesis Elite Sales Consultants LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbre			
Enter new principal offices address, if applicable:	25 SE 2nd Ave. Suite 550 Unit 1003	20 20		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131	က္က လုဂ်		
		15: 1 (2) (3)		
		20 17		
132 - 140 Enter new mailing address, if applicable:	25 SE 2nd Ave, Suite 550 Unit 1003	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131			
9. . 20				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name o</u>	f the new registered		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Enter r tortau Mreet address			
	, Florida	***		
	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.

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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	Matthew Grant	25 SE 2nd Ave, Suite 550 Unit 1003	□Add
: 1 ₂ ,		Miami, FL 33131	□Remove
			■Change
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tive date, if other than the Tective date is listed, the date mu If the date inserted in this b ment's effective date on the D	st be specific and cannot be prid lock does not meet the appl	or to date of filing or more leable statutory filing re		
rd specifies a delayed effectivited.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day afte
	. 2024			

Filing Fee: \$25.00

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