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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.

Account Number : I20190000096 Phone : (407)745-1112 Fax Number : (407)641-8083

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

Email Address: ACC@EXPATCONSULTING.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GENESIS DISTRIBUTION WHOLESALE LLC

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## **COVER LETTER**

	Registration Se Division of Cor				
CTO ICZ		DISTRIBUTION WHOLESA	LE LLC		
SUBJEC	1:	Name of Lin	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	united for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		SILVIA FREGNI			
			Name of Person		
		EXPAT CONSULTING O	TORP		
		<del> </del>	Firm/Company		
		8615 COMMODITY CIR	CLE, STE 11		
			Address		
		ORLANDO - FL - 32819			
			City/State and Zip Code	<del>.</del>	
		SILVIA@EXPATCONSU			
			to be used for future annual report no	tification)	
For furthe	r information co	oncerning this matter, please c	all:		
SILVIA I	REGNI		407 7451112 at t )		
Name of Person		•	me Telephone Number		
Enclosed (	is a check for th	e following amount:			
■ \$25.0	0 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 enclosed)	
Mailing Address: Registration Section		Street Address: Registration So	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, F1, 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GENESIS DISTRIBUTION WHOLESALE 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  $\frac{109,30(2024)}{2}$ \_\_\_\_ and assigned Florida document number 1,24000422665 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 "Lamited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4677 L B MCLEOD RD, STE G Enter new principal offices address, if applicable: ORLANDO - FL - 32811 (Principal office address MUST BE A STREET ADDRESS) 4677 L B MCLEOD RD, STE G Enter new mailing address, if applicable: ORLANDO - FL - 32811 (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_, Florida <u>\_\_\_</u> Cav

## 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.

To: SUNBIZ .	Page 7 of 8	2024-11-19 18:35:49 GMT	14076418083	

From: EXPAT CONSULTING If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records: 2024 NOV 19 PM 4: Rube of Action MGR = Manager AMBR = Authorized Member <u>Name</u> Address Title □ Remove \_\_\_\_\_ □Change \_\_\_\_\_ ⊡Remove \_\_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ □Change

\_\_\_\_\_\_ □ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ADD NUMBER EIN 33-1352192
T C C C C C C C C C C C C C C C C C C C
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuans to 605 0207 (3)(b)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed.
Dated ORLANDO, 13 NOVEMBER 2024
Signature of a member of similar red captes entative of a member  CLESTON SANTINO PEREIRA  Typed or printed name of signer