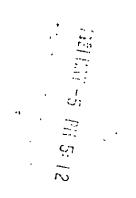
## M02000003211

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	





800359826048



O SIMMONS MAY 1 9 2021



April 27, 2021

RODRIGO REGO 355 ALHAMBRA CIR, STE 1550 CORAL GABLES, FL 33134

SUBJECT: GENESIS INVESTMENT ADVISORS LLC

Ref. Number: M02000003211

We have received your document for GENESIS INVESTMENT ADVISORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 221A00008623

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	ť	عمر الله الله الله الله الله الله الله الل	e a
SUBJE	GENESIS INVESTMENT ADVISOR	S LLC		•
501,71	Name of Foreig	n Limited Liab	oility Company	
Dear S	ir or Madam:			
The en	closed application, certificate and fee(s)	are submitted	for filing.	
Please	return all correspondence concerning th	is matter to the	following:	
RODRI	GO REGO			
	Name of Person		_	
GENES	IS INVESTMENT ADVISORS LLC			
	Firm/Company	-	_	
355 AL	HAMBRA CIRCLE, STE 1550			
	Address		-	
CORAL	. GABLES. FL 33134			
	City/State and Zip Code	2		
rodrigo.	rego@genesisia.com			
E-ma	ail address: (to be used for future annual	report notifica	tion)	
For fur	ther information concerning this matter,	please call:		
LARICE	E LIMA	at ( <u>786</u>	866-3775	
	Name of Person	Area Code	& Daytime Tel	ephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	rporations Tallahassee oe Street, Suite 810
■\$25 I	Enclosed is a check for the following Filing Fee \$\sum \\$30 \text{Filing Fee & Certificate of Status}	amount: □ \$55 Filing Certified C		0 Filing Fee, ertificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION	I (1-4 must be completed)	A21/1/27 -5 PH 5: 12
Name of limited liability Company as it appears  State: GENESIS INVESTMENT ADVISORS LL		Department of
Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	pility company is: M020000032	11
3. Jurisdiction of its organization: DELAWARE		
4. Date authorized to do business in Florida: 12/04.	/2002	
SECTION II (5-9 complete only the applicable c		
5. New name of the limited liability company: AZ (must	IMUT GENESIS ADVISORS L	LC
(must	contain "Limited Liability Con	ipany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C."  6. If amending the registered agent and/or registered registered agent and/or the new registered office additional and/or the new registered agent and/or the new regist	aging members adopting the alt ." or "LLC.")  J officer address on our records	ternate name. The alternate name
	Enter Florida	Street Address
	City	, Florida
		Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in section of this	and agree to act in this capaci nd complete performance of my red agent as provided for in Ch t the registered office address, t	v duties, and I am familiar with

	257/11/2			
tle/ Capacity	<u>Name</u>	2521 11	pe of Actio	
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iforementioned amo	cate, if required: no more than 9 endment(s), duly authenticated be law of which this entity is org	by the official having custody of records in the	_ ⊡Remo	

Filing Fee: \$25.00



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AZIMUT GENESIS ADVISORS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTEENTH DAY OF FEBRUARY, A.D. 2021.

Authentication: 202522112

Date: 02-16-21

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "GENESIS INVESTMENT
ADVISORS LLC", CHANGING ITS NAME FROM "GENESIS INVESTMENT
ADVISORS LLC" TO "AZIMUT GENESIS ADVISORS LLC", FILED IN THIS
OFFICE ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2020, AT 9:45
O'CLOCK P.M.



Authentication: 203778385

Date: 10-01-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:45 PM 09/30/2020
FILED 09:45 PM 09/30/2020
SR 20207577338 - File Number 3188696

#### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of ADVISOR		pility Company	GEN	esis investment
The Cert		mation of the li	mited l	liability company is hereby ar
				d liability company IS ADVISORS LLC.
	ESS WHER		. •	d have executed this Certificate
	<u></u> .	day or	<u> </u>	1
		By:		Mure
				Authorized Person(s)
		Mo	· · · · ·	Description David
		iva	me:	KODAIGO REGO