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(Re	questor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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COVER LETTER

TO:	_	ration So on of Co	ection orporations							
SUBJI	ECT:	Genu	ine Scooters, L	.LC						
5030	Name of Foreign Limited Liability Company									
Dear S	ir or M	adam:								
			it by Foreign Limi and fee(s) are sub		• •	my to (Change M	[anager(s]	or	
Please	return a	all corre	spondence concer	ning th	is matter to th	ne follo	wing:			
Elain	e Rich	ard								
			Name of Person							
Genu	ine So	cooters	, LLC							
•	······································		Firm/Company							
2480	7 SR 7	7N								
			Address					City.		
Dove	r, Arka	ansas ī	72837					PES.	ü.) (2 12),
			ty/State and Zip C	ode				<u>`</u>	E	intace E
ericha	erichard_55@yahoo.com						il. Gram			
			to be used for futu	ire ann	ual report not	ificatio	<u>-</u> on)		呈	*
			n concerning this		-		,	FLORI	ည် ည	10.100
Elain	e Rich	ard	at	479	、331-172	29		DA A		
	Na	me of P		· \	a Code and D	aytime	Telephor	ne Numbe	er	
	STREI	ET/COU	RIER ADDRESS:	:	MAILI	NG AD	DRESS:			
	Registration Section Registration Section									
	Division of Corporations Division of Corporations									
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314									
			orida 32301		i ananas	see, ri	Jilua 323	1~4		
Enclos	sed is a	check f	or the following :	amonn	t:					
	iling Fee		■ \$30 Filing Fee &		\$55.00 Filing F	ee &	□ \$60 Fil			
			Certificate of Status	C	ertified Copy		Certificate Certified (of Status & Copy	ķ	

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compared Department of State is: Genuine Scooters, LLC	y as it appears on the records of the Florida
2. This entity was formed under the laws of	f: Nevada
3. This entity was authorized to transact bu and its Florida document/registration number	
4. The name and address of each manager of	or managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	James M. Kolbe
	5400 N. Damen Ave
	Chicago, IL 60625
MGRM	Dorothy Hanley
	5400 N, Damen Ave.
	Chicago, IL 60625
	
	AR 2
	SSE 3 (E.C. P. SE
	F. S.
	- Ind
Required Signature:	
Signature of Manager,	Managing Member or Member

Filing Fee: \$25