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(Requestor's Name) (Address) (Address)	700424692247		
(City/State/Zip/Phone #)	Diversitie		
Special Instructions to Filing Officer:	MALLAHASSEE FLORIDAL		

N. HUNT 5427/24

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

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AM II: 04

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DATE: 02/27/2024

NAME: KEYFETCH LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Keyfetch LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		f* s,3
2. The Florida document number of this limited liab	pility company is: <u>M1400000409</u>	
3. Jurisdiction of its organization:		
4. Date authorized to do business in Florida:	/2014	
SECTION II (5-9 complete only the applicable c		O4 AIE
5. New name of the limited liability company: Gen (must	nZ Automotive LLC contain "Limited Liability Comp	pany, " "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	aging members adopting the alter	siness in Florida and attach a rnate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade	f officer address on our records, <u>o</u> dress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida S	Street 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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

•

,

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
			🗆 Add
			🗆 Remove
· ·····			🗆 Add
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			bb∧⊈⊂
			AHILL C
		<u> </u>	🗆 Add
			🗌 Remove
			🗌 Add
aforementioned a	tificate, if required: no more than 90 c amendment(s), duly authenticated by r the law of which this entity is organ	the official having custody of records in the	□Remove

Signature of the authorized representative

Cristian Stenstrom

Typed or printed name of signee

Filing Fee: \$25.00



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "KEYFETCH LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GENZ AUTOMOTIVE LLC" ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2023, AT 3:19 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GENZ AUTOMOTIVE LLC" WAS FORMED ON THE FOURTEENTH DAY OF FEBRUARY A.D. 2014.



Jeffrey W. Butt of State

Authentication: 202888550 Date: 02-26-24

AH II:

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Page 1

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You may verify this certificate online at corp.delaware.gov/authver.shtml