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To:

Division of Corporations

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#### COR AMND/RESTATE/CORRECT OR O/D RESIGN **GENESARET MAIMI INC**

| Certificate of Status | 1       |
|-----------------------|---------|
| Certified Copy        | 0       |
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Electronic Filing Menu

Corporate Filing Menu

Tallahassee, FL 32314

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION:   | IMI INC   |  |  |            |
|--|---|--|--|------------|
| N22000010342<br>DOCUMENT NUMBER:   |   |  |  |            |
| The enclosed Articles of Amendment and fee are sub                       | omitted for filing.   |  |  |            |
| Please return all correspondence concerning this mat                     | ter to the following:   |  |  |            |
| MICHAEL LINARES  |   |  |  |            |
|  | (Name of Contact Pe   | erson)   |  |            |
| GENESARET MAIMI INC  |   |  |  | · . 70     |
|  | (Firm/ Company  | ·)   |  | 01/2 SET   |
| 11410 SW 252ND TER   |   |  |  |            |
|  | (Address)   |  |  | ·          |
| HOMESTEAD, FL 33032  |   |  |  |            |
| - Landing Co.  | (City/ State and Zip (  | Code)  |  |            |
| GENESARETMIAMI2022@GMAIL.COM   |   |  |  |            |
| E-mail address: (to be use   | d for future annual rep   | ort notification   | η)   |            |
| For further information concerning this matter, pleas                    | e call:   |  |  |            |
| MICHAEL LINARES  | at  | (786)  | 448-7688   |            |
| (Name of Contact Person  |   |  | (Daytime Telepho   | me Number) |
| Enclosed is a check for the following amount made p                      | payable to the Florida I  | Department of  | State:   |            |
| ☐ \$35 Filing Fee  | □\$43.75 Filing Fee<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certif<br>s Certif   | O Filing Fec<br>icate of Status<br>ied Copy<br>tional Copy is<br>osed) |            |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | An<br>Div   | eet Address<br>nendment Sect<br>vision of Corpo<br>e Centre of T | orations   |            |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

| GENESARET MAIMLINC   |                         |                                  |                            |                      |
|--|-------------------------|----------------------------------|----------------------------|----------------------|
| Name of Corporation as currently filed with the  | Florida                 | Dept. of State)                  |                            |                      |
| N22000010342   |                         |                                  |                            |                      |
| (Docum   | ent Num                 | per of Corporation (i            | if known)                  |                      |
| Pursuant to the provisions of section 617.1006, Flor<br>imendment(s) to its Articles of Incorporation: | rida Statu              | tes, this <i>Florida Not</i>     | For Profit Corporation     | adopts the following |
| A. If amending name, enter the new name of the   | corpora                 | tion:                            |                            |                      |
| GENESARET MIAMI INC  |                         |                                  |                            | The new              |
| name must be distinguishable and contain the word<br>"Company" or "Co." may not be used in the name    | "corpore                | ution" or "incorpore             | ated" or the abbreviation  | "Corp." or "Inc."    |
| B. Enter new principal office address, if applica  | ble:                    | N/A                              |                            |                      |
| Principal office address <u>MUST BE A STREET A</u>   | <u>DDRESS</u>           | <b>(</b> )                       |                            | 2022<br>`            |
|  |                         |                                  |                            | 2022 SEP             |
|  |                         |                                  |                            |                      |
| Enter new mailing address, if applicable:  | DOM:                    | N/A                              |                            | HASSES -             |
| (Mailing address MAY BE A POST OFFICE)   | <u>80.1</u> )           | <del> </del>                     |                            |                      |
|  |                         |                                  |                            | <u> </u>             |
|  |                         |                                  |                            | o                    |
| D. If amending the registered agent and/or regis   | stered off              | ice address in Flori             | ida, enter the name of t   | he                   |
| new registered agent and/or the new register   |                         |                                  |                            | _                    |
| Name of New Registered Agent:  | N/A                     |                                  |                            |                      |
|  |                         | · · ·                            |                            | -                    |
|  |                         |                                  | (Florida street address)   |                      |
| New Registered Office Address:   |                         |                                  |                            |                      |
|  | N/A                     |                                  | , Flori                    | da                   |
|  |                         | (City)                           | (Zi <sub>I</sub>           | o Code)              |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen       | Registere<br>t. I am fi | d Agent:<br>amiliar with and acc | ept the obligations of the | e position.          |
|  |                         |                                  |                            |                      |
| <del>-</del>   |                         | Signature of New Re              | gistered Agent, if changi  | ng                   |

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add          | <u>PT</u> <u>V</u> <u>SV</u> | John Doe<br>Mike Jones<br>Sally Smith                          |                           |
|---|------------------------------|--|---------------------------|
| Type of Action<br>(Check One)             | Title                        | <u>Name</u>  | Address                   |
| 1) Change<br>Add                          |                              |  | 2022 S                    |
| Remove                                    |                              |  | SEP I                     |
| 2) Change Add                             |                              |  | 3<br>55<br>57<br>78<br>78 |
| Remove<br>3 ) Change<br>  Add<br>  Remove |                              |  | <u> </u>                  |
| 4) Change Add                             |                              |  |                           |
| Remove                                    |                              |  |                           |
| 5) Change<br>Add                          | -                            |  |                           |
| Remove                                    |                              |  |                           |
| 6) Change Add                             |                              |  |                           |
| Remove                                    |                              |  |                           |
|   |                              | onal Articles, enter change(s) here:<br>essary). (Be specific) |                           |
| N/A                                       |                              |  |                           |
| 4,19-,448                                 |                              |  | <u> </u>                  |
|   |                              |  |                           |
|   |                              |  | <del>_</del>              |

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| Effective date if applicable: (no more than 90 days after amendm | ent file date)      |
|--|---------------------|
| The date of each amendment(s) adoption:                          | , if other than the |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  |                     |
|  | PI3 AH 8            |
|  | 2022 SEP            |
|  |                     |
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|  |                     |
|  |                     |
|  |                     |

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.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

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| Dated     | 09/13/2022   |
|-----------|--|
| Signature | MICHEL LINARES   |
|           | (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
|           | MICHAEL LINARES  |
|           | (Typed or printed name of person signing)  |
|           | PRESIDENT  |
|           |  |

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