P19000032022

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2021 JUNE 21 PH 4: 04

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: LA LIAHONA IN	TERNACIONAL C.A COR	P
DOCUMENT NU	MBER: P19000032022		
	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	TRINA DE FARIA		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
	LA LIAHONA INTERNACI	ONAL C.A CORP	
	<u></u>	Firm/ Company	
	4474 WESTON RD SUITE I		
		Address	
	WESTON, FL 33331		
		City/ State and Zip Code	2
	info@bgcongroup.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:	
DE FARIA TRINA		at (
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

LA LIAHONA INTERNACIONAL C.A CORP

(Name of Corporation as currently filed with	th the Florida Dept. of State)	
P19000032022	if the Chyffua Dept. of State)	
(Document Number of Corporati	ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Provisions</i> of Incorporation:	cofit Corporation adopts the following	ng amendment(s
A. If amending name, enter the new name of the corporation:		
GENCO SERVICIOS C.A. CORP		The new
name must be distinguishable and contain the word "corporation," "company," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professio "chartered," "professional association," or the abbreviation "P.A."	or "incorporated" or the abbreviati onal corporation name must conta	on "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	orida, enter the name of the	-
Name of New Registered Agent	<u> </u>	<u> </u>
(Florida street address))	_
New Registered Office Address:	. Florida	202
(City)	(Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent.	againt the obligations of the position	70
t nereby accept the appointment as registered agent. I am jamitiat with and ac	ecept the antigutions of the position.	10:4:04
	A second to the	_
Signature of New Registered 2	ageni, ij changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	VITTORIO MANUEL D'UVA	4474 WESTON RD SUITE 171
X Add			WESTON, FL 33331
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			- <u></u> -
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amendment provides for an exchange, reclassifications for implementing the amendment if not consistency (if not applicable, indicate N/A)				
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	2021
"The number of votes cast for the amendment(s) was/were sufficient for approval by"	
(voting group)	21
Dated 06/09/2021 Signature Viva Harr	PN 4: 04
(By a director, president or other officer – it directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
DE FARIA TRINA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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