

L07000078730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

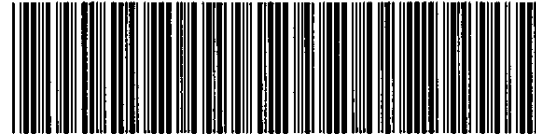
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
JAN -7 2009  
EXAMINER

FILED  
09 JAN -7 PM 4:15  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

# ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

850-222-2785

City/St/Zip

Phone #

12/30/2008

Ck for \$60 #3912

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## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- IPHELPER LLC
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

Walk-in       Pick-up time \_\_\_\_\_       Certified Copy  
 Mail-out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials    cgc

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: lpchelper LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanley J. Lieberfarb  
(Name of Person)  
Stanley J. Lieberfarb, P.A.  
(Firm/Company)  
1100 Fifth Avenue S., Suite 405  
(Address)  
Naples, FL 34102  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Stanley Lieberfarb at ( 239 ) 403-0611  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

*Please also provide  
by e-mail if possible to:  
Stan@lieberforbesq.com*

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
09 JAN -7 PM 4: 15  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Ipchelper LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/01/2007 and assigned Florida document number L07000078730.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Genesis Capital International, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1100 Fifth Avenue S.

(Principal office address MUST BE A STREET ADDRESS)

Suite 405

Naples, FL 34102

Enter new mailing address, if applicable:

1100 Fifth Avenue S

(Mailing address MAY BE A POST OFFICE BOX)

Suite 405

Naples, FL 34102

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Stanley J. Lieberfarb

New Registered Office Address:

1100 Fifth Avenue South, Suite 405

*(Enter Florida street address)*

Naples

*(City)*

Florida 34102

*(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 608, 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeevan Uppal	1400 Blue Point Ave., Unit 102 Naples, FL 34102	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Robby Uppal	1100 Fifth Avenue South Suite 405 Naples, FL 34102	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

\*\*\* All items changed above were changed on 2009 Annual Report filed online 1/6/09.

The only new information on this form is the name change

Dated January 6

2009



Signature of a member or authorized representative of a member

Stanley J. Lieberfarb

Typed or printed name of signee