

K210000061922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

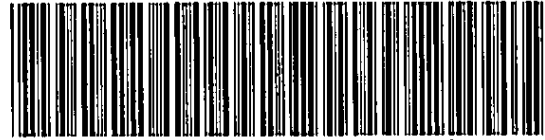
(Document Number)

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07/26/21 10:12:22 AM

21-JUL-21 11:12:22 AM

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENESIS CONSTRUCTION OF FLORIDA 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:

RONALD MARIN
Name of Person

GENESIS CONSTRUCTION OF FLORIDA LLC
Firm/Company

3324 SACRAMENTO WAY
Address

NAPLES FL 34105
City/State and Zip Code

Ronald@smartrealtyofflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD MARIN at (239) 3300285
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)

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DIVISION OF CORPORATIONS
&
REGISTERED SERVICES

GENESIS CONSTRUCTION OF FLORIDA LLC PH 12: 22
(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 02/04/2021 and assigned Florida document number L21000061922

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

_____ *Enter Florida 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

21 JUL - 1 PM 12:22
DIVISION OF LAND MANAGEMENT

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	MARIN RONALD	3324 SACRAMENTO WAY NAPLES FL 34105	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	MARIN VALERIA	13601 PARKCREST BLVD FORT MYERS FL 33912	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONALD MARIN OWNER	3324 SACRAMENTO WAY NAPLES FL 34105	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIAN Borlode OWNER	3324 SACRAMENTO WAY NAPLES FL 34105	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

DEPARTMENT OF STATE
DIVISION OF GUILD REGISTRATION

21 JUL -1 PM 12: 22

Lined area for amending information.

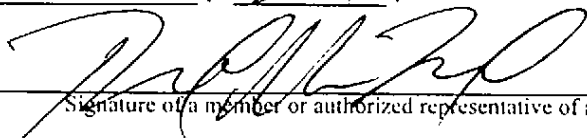
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/27/ 2021



Signature of a member or authorized representative of a member

RONALD MARIN

Typed or printed name of signee