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Certified Copies	_ Certificates	of Status
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D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORAT	ION: GENES	P 990000 29834
DOCUMENT NUMBER	:	P99000029834
The enclosed Articles of A	mendment and fee are su	ubmitted for filing.
Please return all correspon	dence concerning this ma	natter to the following:
		FKANCI PAROS
		FKANCI PAROS Name of Contact Person
	(GENESIS CVSTM BYLLES, INC. Firm/ Company
		Firm/ Company
	1	5645 118th TER A
		Address THITEL FL 33478 City/ State and Zip Code
		THE MAR ST. STUTY
~ 		City/ State and Zip Code
		SE ARL. COM used for future annual report notification)
	E-mail address: (to be u	used for future annual report notification)
For further information co	ncerning this matter, plea	ase call:
FRANCI.	PARIS	at (5761) 262 -2716 : 3 Area Code & Daytime Telephone Number
Name of C	ontact Person	Area Code & Daytime Telephone Number
		e payable to the Florida Department of State: PD: 7/22/22
	J	TP:://
S35 Filing Fee Certificate of Status Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tatlahassee, FL 32314		S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is certified Copy (Additional Copy is enclosed) (Additional Copy is enclosed)
		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



November 7, 2022

FRANCIS PAROS GENESIS CUSTOM BUILDERS, INC. 15645 118TH TER N JUPITER, FL 33478

SUBJECT: GENESIS CUSTOM BUILDERS, INC.

Ref. Number: P99000029834

We have received your document for GENESIS CUSTOM BUILDERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You need to file an amendment not articles of correction. Please complete the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

NOV 2 8 2022

Letter Number: 222A00024933

Articles of Amendment to Articles of Incorporation

of

GENES	S GUSTOM	BULLBERS	INC.	
(Name of Corpo	ration as currently filed	d with the Florida 1	Dept. of State)	***
	P99000	079834		
(De	ocument Number of Corp			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florid</i>	la Profit Corporatio	n adopts the following	ng amendment(s)
A. If amending name, enter the new name of the	ne corporation:			
				The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the a	Inc," or "Co". A proj	my," or "incorporati fessional corporatio	ed" or the abbreviati n name must conta	on "Corp.," in the word
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.				
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>: BOX</u>)			
D. If amending the registered agent and/or reg new registered agent and/or the new register		n Florida, enter the	name of the	(C)
Name of New Registered Agent				3
		-		ري 4 کي
	(Florida street ad	dress)		_ <u></u> .
New Registered Office Address:			, Florida 🗓	ز ج
<u> </u>	(City)			Code)1
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		nd accept the obliga	tions of the position.	
	Signature of New Registe	red Agent, if changi	ng	_
	·			

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.

Example: X Change	<u>PT</u> <u>John</u>	<u> Doc</u>	
-			
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>: Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	_VP	KAYLEE CORALE PARO	S 15045 118th TRAN.
Add		,	JUBINEA FL 83478
X Remove			
2) Change	<u> </u>	KAYLEE PAROJ	15645 118th TENN.
Add			JUPITER, FL 3348
	<u> </u>	FRANCII MATTHEW BART	15645 118th Tran
Add			JUPINER ER 33478
XRemove	2		
4) Change	VP	BRADING RUBBAT PARES	156+5 118th TEN AL
Add			_ JY, JED FL 33478
Z Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	ding or adding additiona additional sheets, if necessory	ary). (Be specific)		
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fan am	endment provides for a	ı exchange, reclass	sification, or cance	eliation of issued sh	ares.
provisi	ons for implementing the	<u>e amendment if no</u>	t contained in the	amendment itself:	,
(if)	not applicable, indicate N	(1)			
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•	•	· · · /	/	
The date of each amendment(s) ad	option:	7/2	2/2027	, if other than the
date this document was signed.		' /	, , ,	
Effective date <u>if applicable</u> :		7/	12/2022	
Enective date it appricable,	(no more	than 90 days after a	imendment file date)	
Note: If the date inserted in this blocument's effective date on the Dep			y filing requirements, t	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ON</u> E	<u>E</u>)		
The amendment(s) was/were adopaction was not required.	nted by the incorporate	ors, or board of direc	ctors without sharehold	er action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	•	ers. The number of v	votes east for the amend	lment(s)
☐ The amendment(s) was/were appromist be separately provided for a				
"The number of votes east f	or the amendment(s) v	was/were sufficient t	for approval	
by			<u></u> .	
	(voting group)			
Dated	11/20/2	2		
Signature	tam	m M farm	PRETIDEN	<u></u>
(By a dit	* L		ors or officers have not	
	•		receiver, trustee, or other	er court
appointe	ed fiduciary by that fid	iuciary)		
_		FKANUS printed name of person	M. PAROS	
	(Typed or p	printed name of person	on signing)	
		PRET	IDENT	
•	(Title of per	rson signing)		