## LII 000047024

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates (	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	J



09/11/19--01007--011 \*\*25.00



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2019

GENESIS LAND MAINTENANCE, LLC 35037 HEARTHLAND DRIVE DADDE CITY, FL 33523

SUBJECT: GENESIS LAND MAINTENANCE, LLC Ref. Number: L11000047024

We have received your document for GENESIS LAND MAINTENANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We received cover page only. The entire application in not received by our office.

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.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 119A00019546

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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJF	CT:Genesis Land Maintervence, LLC

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

Please return all correspondence concerning this matter to the following:

ther moore Energis Land Maintmance Firm/Company 37 Heartland Drive, Dade City, FL33533

City State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>B13)</u> <u>404</u> 741 ( Area Code Davtime Telephone Number Name of Person

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)

Ree ٢Y

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

□ \$60.00 Filing Fee. Certificate of Status & Certified Copy-(additional copy is enclosed)

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ARTICLES OF	AMENDMENT	
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ARTICLES OF C	RGANIZATION	
0	F	
Concests Land Ma (Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 4 20 20	and assigned
Florida document number $L11000470341$		(
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u> GCNCSIS ENV 170N		
The new name must be distinguishable and contain the words "Limited Liabi		abbreviation [4.1.,C."
	35037 Heartla	
Enter new principal offices address, if applicable:	5505771Cmrrite	7007
(Principal office address MUST BE A STREET ADDRESS)	Dade Chty H 3	5583
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	35031 Heartlo Dade City, M	nd Drive 33523
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		2019 ( 2705)
Name of New Registered Agent:		
New Registered Office Address:	Emer Florida street address	2 11
	, Florida _ 	2m/in/ aur
	x uř	- Car

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. Thereby 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:

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## MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			🗋 Add
			Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 September 30. 2019
(AVD M MAZIO
Signature of a comber or authorized representative of a member
Heather moore
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00