

L11000130941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB - 8 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENESIS OUTSOURCING SOLUTIONS, 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:

LEON SHARPE ESQ
Name of Person

Firm/Company

4770 BISCAYNE BOULEVARD, SUITE 970
Address

MIAMI, FL. 33137
City/State and Zip Code

SHARPE-ASSOCIATES@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILSON WASHINGTON at (804) 878-2432
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GENESIS OUTSOURCING SOLUTIONS, 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 11/14/2010 and assigned
Florida document number L11000130941.

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 end with 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**)

N/A

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

N/A

New Registered Office Address:

N/A

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 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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SUNNY
TALLAHASSEE, FLORIDA

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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	WILLIE DUCKWORTH	19100 NW 39 th AVE	<input checked="" type="checkbox"/> Add
		MIAMI GARDENS, FLA	<input type="checkbox"/> Remove
		33055	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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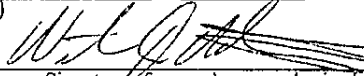
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 CLERK
 J. L. HASSER
 ALTA HASSER
 FLORIDA

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

ADDRESS CHANGE!
WILSON WASHINGTON
4870 SADLER ROAD, SUITE 300
GLEN ALLEN, VIRGINIA 23060-3328

Dated JANUARY 29, 2013



Signature of a member or authorized representative of a member

WILSON J. WASHINGTON MGRM

Typed or printed name of signee

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Filing Fee: \$25.00

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