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 	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
	(Document Number)	
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DIVISION OF CORPERATIONS
TALLAHASSET, FLORIDAGE

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CORPORATE	
ACCESS,	

When you need ACCESS to tiple would

INC.

236 East 6th Avenue, Tallahassee, Florida 323/3 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 (r) (850) 965-1665. (r) (850) 222-1/66

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		CERTIFIED COPY			
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1.		CORPORATE NAME AND DOC	Amenorations LLC		2019 JUN
2.		(CORPORATE NAME AND DOC	UMENT#)		FILED AHI
3.					<u></u>
		(CORPORATE NAME AND DOC	UMENT #)		
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		(CORPORATE NAME AND DOC	UMENT #)		
6.		(CORPORATE NAME AND DOC	UMENT#)		
	ECIA STRU	L CTIONS:			

June 19, 2019

CORPORATE ACCESS, INC.

SUBJECT: GENOVA PARTNERS, LLC

Ref. Number: L15000021020

We have received your document for GENOVA PARTNERS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Two different applications were submitted not enough money submitted to cover both applications.

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 219A00012252

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2019 JUN 19 AH II: 15

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Genova Partners, LLC					
(Name of the Lim	ited Liability Company as it nov (A Florida Limited Liability Co.	w appears on our records.) mpany)		_	
The Articles of Organization for this Limited 1	Liability Company were filed	d on February 2, 2015	and	assign	ied
Florida document number L15000021020	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liability comp	pany here:			
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the	abbreviation	"L.L.C	
Enter new principal offices address, if appli	cable:				
Principal office address MUST BE A STRE	ET ADDRESS)			20	
	<u></u>		<u></u>	<u>[</u> 9	 ,
				\subseteq	
Enter new mailing address, if applicable:			• • • • • • • • • • • • • • • • • • • •	19	
(Mailing address MAY BE A POST OFFICE BOX)				P	
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	'' 		*.:	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of		ress on our records, <u>ente</u>	r the nar	ne of	the new
Name of New Registered Agent:	Bradley A. Boaz				
New Registered Office Address:	2600 Golden Gate Parkwa	ıy			
-	E	nter Florida street address			
	Naples	Florida	34105		_
	City		Zip Co	×le	

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

<u>Title</u>	Name	Address	Type of Action
MGR	James P. Wallace		
		9510 Corkscrew Palms Circle #1 Estero, FL 33928	■ Remove
			Change
MGR	Creekside West, Inc.	2600 Golden Gate Parkway Naples, FL 34105	
			□ Remove
			Change
			20 Remove
			AI-PROVED AND FILED AMA Add Add Add Add Add Add Add Add Add
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meffec nte: If	date, if other than the date of filing: 4/17/19 (optional) we 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 6 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list of the Department of State's records.	605.0207 (isted as t
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear of th day after the record is filed.	rlier of:
	2019	
ated	(b)	
ated _	Signification of a member or symborized representative of a member	

Page 3 of 3

Filing Fee: \$25.00