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COVER LETTER

T		gistration Servision of Cor			
C1	ID IECT.		NVESTMENT 2014 LLC		
SU	DJECT		Name of Limi	ited Liability Company	
			Amendment and fee(s) are subr	-	
			ITALO L BRANDA ROM	OLO	
				Name of Person	
GENESIS INVESTMENT 2014 LLC					
				Firm/Company	
			13006 GARRIDAN AVE		
				Address	
			WINDERMERE, FL 34786	6	
				City/State and Zip Code	
			BEST.TEAM.ORL3@GMA		···
				o be used for future annual report notifica	ation)
Fo	r further i	information co	oncerning this matter, please ca	.11:	
ITALO L BRANDA ROMOLO		407 574-7048 at ()			
		Name of	Person	at () Daytime To	elephone Number
En	closed is	a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 MAR - 7 AM 10:54

MALTANIARY OF STATE
SEE FLORID

GENESIS INVESTMENT 2014 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

01/00/0016

were filed on	and assigned
ility company here:	
lity Company," the designation	"LLC" or the abbreviation "L.L.C."
6735 CONROY RD UN	IT 209
ORLANDO, FL 32835	.
	enter the name of the new
Enter Florida street address , Florida	
City	Zip Code
City	Zip Code
	6735 CONROY RD UN ORLANDO, FL 32835 ffice address on our re

If Changing Registered Agent, Signature of New Registered Agent

2016 HAR 7 AH 10: 54 Type of Action

[ALLAHASSEE. F. OKID]. Add or removed from our records: MGR = Manager AMBR = Authorized Member Title **Address** Name _□ Change □ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	, ,		*****	-2016 M.	76/
. If amending any other inf				MAR = 7 MLLAHASSFF	-AH-10-
		<i>;</i>		PALLASIARY	or
				SFF	FLORIS
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Effective date, if other that (If an effective date is listed, the dinerties of the date inserted in document's effective date on	this black does not meet	the applicable state	filing or more than thory filing require	(optional) 00 days after filing.) Pu ements, this date wil	rsumt to 605.0207 (3 I not be listed as th
the record specifies a de) The 90th day after th	layed effective date e record is filed.	e, but not an eff	fective time, a	t 12:01 a.m. on	the ea lier of:
Dated MARCH 2,	. 2			٠	
V	Tuplical				
	Signature of a mem	ber or authorized rep	resentative of a men	nher	
ITALO L BRAN	OA ROMOLO				
	Туг	ned or printed name o	l'signee		

Page 3 of 3

Filing Fee: \$25.00