## L/6000150332

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	<del>(</del> f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<del>)</del>
(Do	ocument Number)	<del>.</del>
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





700312022897

04/18/18--01008--018 \*\*25.00

2810 APR 18 D 2: 33

ulalibos

## **COVER LETTER**

Div	ision of Corp	oorations	•		
SUBJECT:	A Genesis C	onstruction, LLC			
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Fred Barrios			
			Name of Person		
		A Genesis Construction, Ll	LC		
			Firm/Company		
		900 Osccola Drive, Suite 1	07		
			Address		
		West Palm Beach, Florida	33409		
			City/State and Zip Code		
		agenesis316@gmail.com			
For further in	nformation co	E-mail address: (i incerning this matter, please ca	to be used for future annual report notificall:	cation)	market Market
Randall Gra			561 827-2821	<u> </u>	inches de la constante de la c
	Name of	Person	Area Code Daytime	Telephone Number	year rawy Barran
Enclosed is	a check for the	e following amount:		္ကို ယ ့	
<b>■ \$2</b> 5.00 F	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:

TO:

**Registration Section** 

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

A Genesis Construction, LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I Florida document number $\frac{L16000150332}{L16000150332}$	Liability Company	were filed on 8/11/2016		_and as	signed
This amendment is submitted to amend the fol	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbrev	iation "L	.L.C."
Enter new principal offices address, if applicable:		900 Osceola Drive, Suite 107			
(Principal office address MUST BE A STREET ADDRESS)		West Palm Beach, FL 33409			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		900 Osceola Drive, Suite 107 West Palm Beach, FL 33409	¥	and and	
B. If amending the registered agent and registered agent and/or the new registered of th			enter the		of the n
	N/A	<u>e</u> .		φ 7)	A A A
Name of New Registered Agent:			<u>(* ) 1</u>	<u>132</u> ₩	
New Registered Office Address:	N/A		4-1	ئب	
		Enter Florida street address, Flor	ida		
		City , Fior		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 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

Jet 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>	<u>Name</u>	Address	Type of Action
MGR	Randall Granberry	900 Osceola Drive, Suite 107,	<b>∃</b> Add
		West Palm Beach, FL 33409	☐ Remove
			☐ Change
			D Add
			□ Remove
			☐ Change
<del></del>			Add
			☐ Remove
			☐ Change
			Remove
			Change Add
			Change
, <u>, , , , , , , , , , , , , , , , , , </u>			Add
			Remove
			☐ Change

	<del></del>
=	
	· · · · · · · · · · · · · · · · · · ·
	00 759
	T T
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more	ىن (optional)

Page 3 of 3

Filing Fee: \$25.00