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C. GOLDEN DEC - 6 2018

COVER LETTER

TO:	Registration Se Division of Cor			
/1 7 / 65 7 T	Genesis Go	If, LLC		
Sort	.C1:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please :	return all correspo	ndence concerning this matter	to the following:	
		William R Rodish		
		Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following:		
For furth William		PO Box 1155	Firm/Company	
		Ponte Vedra Beach, FL 320		
For furt Willian		bill.rodish@genesis-events.c		
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ea	ill:	
Willia	n R Rodish		at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
■ \$2:	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

FILED
2018 DEC -3 AM 7: 22

Genesis Golf, 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 C	Company were filed on $\frac{04/05/201}{1}$	7 and assigned
Florida document number L17000076370	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Genesis Events, LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our r	ecords, enter the name of the new
registered agent analysis the new registered office add	itess nere.	
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida stree	t ahlem
	Date I walk sirec	
	City	, Florida 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

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>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			Remove
			Change
			Add
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ctive date, if other than the	date of filing:		(optional)	
effective date is listed, the date muse: If the date inserted in this blument's effective date on the D	ock does not meet the applica	o date of filing or more than ble statutory filing requi	190 days after filing.) Pursuant rements, this date will not l	to 605.020 be listed a
ecord specifies a delayed ne 90th day after the rec	f effective date, but not ord is filed.	an effective time,	at 12:01 a.m. on the	earlier (
November 28th	2018	9. 1. 1.	Q	
	11 / 17/1/10011 L	- //DAR	()	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00