

L170000079794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

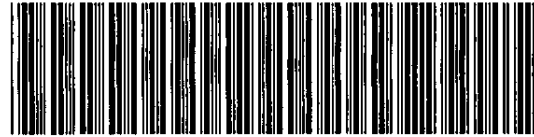
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000299416220

06/05/17--01032--017 **25.00

FILED
17 JUN -5 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 06 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genesis Financial Group 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:

Roads Jean Louis
Name of Person

Genesis Financial Group LLC
Firm/Company

6299 West sunrise blvd suite 214
Address

Sunrise, FL, 33313
City/State and Zip Code

RoadsLouis@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roads Jean Louis at (954) 599-8390
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

Genesis Financial Group LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Clifford Dessables	2200 N Sherman Circle Miramar, FL, 33025	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
17 JUL -5 AM 8:40
TALLAHASSEE, FLORIDA

17 JUN -5 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN - 5 AM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/26/2017

Signature of a member or authorized representative of a member

Typed or printed name of signee