## L17000112108

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## **COVER LETTER**

Tallahassee, FL 32314

	O: Registration Section Division of Corporations						
THE FORMS GENIE, LLC							
SUBJECT:	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Kristen King Jaiven, Esq						
		Name of Person					
	THE FORMS GENIE	E, LLC					
		Firm/Company					
	6699 North Federal Highway; Suite 103						
		Address					
	Boca Raton, FL 334	87					
		City/State and Zip Code					
	kristen@quadcompanies.		<del> </del>				
		to be used for future annual report noti	rication)				
For further information c	concerning this matter, please c	aii:					
Kristen King Jaiven, Esq.		561 300-6921					
Name o	of Person	Area Code Daytim	e Telephone Number				
Enclosed is a check for t	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Addres		Street Address:	otion				
Registration Section Division of Corporations		Registration Sec Division of Cor					
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 1 -0 TH 2:50

THE FORMS GENIE, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/22/2017 and assigned	
Florida document numberL17000112108		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9080 KIMBERLY BLVD; Suite 12	
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON, FL 33434	
	<del></del>	
Enter new mailing address, if applicable:	6699 North Federal Highway	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 103	
	Boca Raton, FL 33487	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the name of the new registered	
	emer r wrau street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_

Zip Code

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
			Add
			□Remove
			Change
			🗀 Add
			Remove
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