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## **COVER LETTER**

TO:

Registration Section

<sup>*</sup> Division of Cor	porations			
THE FORI	MS GENIE, LLC			
	Name of Lim	ited 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		_
	Kristen King Jaiven, Law	yer, PLLC		
		Firm/Company		_
	418 SW 11th Street	•		
		Address		2022 DEC
	Fort Lauderdale, FL 333	315		
	-	City/State and Zip Code	<del></del>	- , ,
	kristen@kkjlawyer.com			
	E-mail address: (	to be used for future annual report no	tification)	3: E0
For further information of	concerning this matter, please c	all:		
Kristen King Jaiven		407 590-9686		
Name o	f Person	at () Area Code Daytii	me Telephone Numbe	r
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)	Certified	ite of Status &
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 8	310

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE	<b>FORMS</b>	GENIE.	LLC
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( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited I	ny as it now appears on our re Liability Company)	ecords.)			
The Articles of Organization for this Limited I Florida document number L17000112108	Liability Company	were filed on 05/22/2017		and assigned		
This amendment is submitted to amend the fol	lowing:					
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 Liabil	ity Company," the designation	"LLC" or the abbrev	iation "L.L.C."		
Enter new principal offices address, if appli	cable:		-			
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	2023		
				19		
Enter new mailing address, if applicable:			**	<del></del>		
(Mailing address MAY BE A POST OFFICE	EBOX)			<u> </u>		
				<del></del>		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our records, <u>e</u>	nter the name of	the new registered		
New Registered Office Address:	6699 North Federal Highway, Suite 103					
		Enter Florida street a	ddress			
	Boca Raton	, r 10riga		37		
		City	,	Zip Code		
New Registered Agent's Signature, if changing						
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been positived in writing of this	per and complete sistered agent as p registered office	performance of my dutie provided for in Chapter 6	s, and I am fam 605, F.S. Or, if th	Tiar with and his document is		

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
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			Remove
			□ Change
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ective date, if other than the c	date of filing:				(antiona	D.	
effective date is listed, the date must	be specific and cannot l	be prior to dat	te of filing or r	more than 90 da	ys after filir	ig.) Pursu	ant to 605.0
te: If the date inserted in this bloc nument's effective date on the Dep			statutory film	ng requiremer	as, this da	te will n	ot be listed
cord specifies a delayed effective s tiled.	date, but not an effe	ative time, a	it 12:01 a.m.	on the earlier	of; (b)	The 90th	day after t
November 4	2022	·					
	_ · _						
K	Signature of a member						