12/5/23, 5:42 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000415663 3)))



H230004156633ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PADRON AND ASSOCIATES INC.

Account Number : I20060000156 Phone : (305)818-0404 Fax Number : (305)818-0898

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GENESIS DESIGNS & REMODELING LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00



Electronic Filing Menu — Corporate Filing Menu

Help

CEC 0 7 2023

K. Brumbley

## **COVER LETTER**

	Registration S Division of Co					
SUBJEC	GENESIS	LLC				
ODJEC	Name of Limited Liability Company					
The encl	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		RALPH PADRON				
			Name of Person	Code		
		PADRON & ASSOCIAT	ES, INC.			
			Firm/Company	<del> </del>		
		2095 W 76TH ST - STE	02			
			Address			
		HIALEAH, FL 33016	s) are submitted for filing.  is matter to the following:  N  Name of Person  SOCIATES, INC.  Firm/Company  7 - STE 102  Address  3016  City/State and Zip Code  (PADRON.COM) address: (to be used for future annual report notification)  please call:  305 Area Code  B18-0404  Area Code  Daytime Telephone Number  Status  Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations			
		<del> </del>		<del></del>		
		RALPH@RALPHPADRO		Program		
For furth	er information	concerning this matter, please of		incanon) .		
RALPH	PADRON					
	Name	of Person		e Telephone Number		
inclosed	is a check for t	the following amount:				
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
	Regist Divisi P.O. E	LING ADDRESS: ration Section on of Corporations Box 6327 assec. FL 32314	Registration Section	on rations enter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nama of the 1 links	ING LLC				
(Name of the Limit	d Liability Company as it n A Florida Limited Liability C	ow appears on our recor- ompany)	<u>is</u> )		
The Articles of Organization for this Limited List Florida document number L20000042791	ability Company were file	ed on 02/05/2020		and assigne	d
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability com	pany here:			
GENESIS D & R LLC					
The new name must be distinguishable and contain the wo	ords "Limited Liability Compa	ny," the designation "LLC	C" or the abbre	vation "L. L. C."	
Enter new principal offices address, if applica	hle:				
Principal office address MUST BE A STREET					
Enter new mailing address, if applicable:					
	20 <b>Y</b> )				
	<u> </u>				
	<u> </u>				
Mailing address MAY BE A POST OFFICE L  B. If amending the registered agent and/o	r registered office add	lress on our record	s. <u>enter th</u>	e name of t	ne n
Mailing address MAY BE A POST OFFICE L  B. If amending the registered agent and/o	r registered office add	lress on our record	s, <u>enter th</u>	e name of t	he n
Mailing address MAY BE A POST OFFICE L  B. If amending the registered agent and/or the new registered off	r registered office add	lress on our record	s, <u>enter th</u>	e name of 1	he n
Mailing address MAY BE A POST OFFICE L  B. If amending the registered agent and/o	r registered office add	lress on our record	s, enter th	2023	he r
Mailing address MAY BE A POST OFFICE L  B. If amending the registered agent and/or the new registered off	r registered office ack ice address here:		-	e name of t	he r
Mailing address MAY BE A POST OFFICE I.  B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:	r registered office ack ice address here:	lress on our record	-	2023	he r
Mailing address MAY BE A POST OFFICE I.  B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:	r registered office add ice address bere:	Enter Florida snect addre	-	2023 DEC  - 6	he r
(Mailing address MAY BE A POST OFFICE II  B. If amending the registered agent and/oregistered agent and/or the new registered off  Name of New Registered Agent:	r registered office ackice address here:	Enter Florida snect addre	-	2023 DEC  - 6	he r

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.

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
		<del></del>	Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			_ □ Remove
			□ Change
	<del></del>		Add
		**********	□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			□ Change

JOSE A. SUAREZ

p.5

							·
_					-		
_							
_		_			··, ·		<del></del>
_			<u> </u>				
						-	<del></del>
_							
_							
_				<del></del>			
_							
_							
_					<del></del>		
_							
Effectiv	re date, if othe	r than the date o	f filing:			(optional)	
Note: 1	if the date inserte	the date must be spected in this block does to on the Department	s not meet the a	pplicable statutor	ng or more than 90 'y filing requirem	(optional) days after filing.) Pursua ents. this date will no	int to 605.0207 (. of be listed as th
		a delayed effec r the record is		it not an <b>effe</b> o	tive time, at :	12:01 a.m. on the	e earlier of:
Dated _	DECEMBER 5	_ ^	2023				
<b>∵αι¢</b> U _	/	Line.	<u> </u>	·			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee