L10000 259881

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		





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FEB 1 0 2021 I ALBRITTON

COVER LETTER

TO: Registration Se Division of Cor	porations)	
SUBJECT:	Genesis (onsulting Gua	JP LLC7: 00	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter	-		
·	_			
	Gen	HAM LOBEL Name of Person WIS CONSULTINE	Grap 'CLC	"/
		Firm/Company reMire-Mad		
		Address all Florida City/State and Zip Code IME/OBEL (A) # 01. Com		
		City/State and Zip Code IME/OBEL (A) # 01. Com to be used for future annual report notifi		
For further information of	concerning this matter, please c	·	,	
Adau	love!	at (51 b) 805- Area Code Daytime	2241	
Name (of Person	Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Division of C	Section	Street Address: Registration Sec Division of Corp		
P.O. Box 632		The Centre of Ta		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TER STAN



January 25, 2021

ADAM LOBEL 15405 BLUE RIVER ROAD DELRAY BEACH, FL 33446

SUBJECT: GENESIS CONSULTING GROUP "LLC"

Ref. Number: L20000289881

We have received your document for GENESIS CONSULTING GROUP "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please complete/submit the form in its entirety as the last page is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 421A00001710

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF The state of th	
Genesis Consul	ING Group "LLC"
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 100002988.	were filed on $9-15-2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	٦.
Enter new mailing address, if applicable:	1 .
(Mailing address MAY BE A POST OFFICE BOX)	3*:
	ب
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City 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>	Name	Address	Type of Action
Managen	Adam Lobel	15405 Blyelliver Houd	DDAdd
U	·	15405 Blychver Hard Delnay Beach XI 33446	🗆 Remove
			🗆 Add
			Remove
			□Change
			□Add
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an effective ote: If th	date, if other than the date of filing:
record spe is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	January 31 2020. Signature of a member or authorized representative of a member
	Adam / sel

Filing Fee: \$25.00