## LZ1000 H3 Z01

| (Requestor's Name)                       |
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| (City/State/Zip/Phone #)                 |
|  |
| PICK-UP WAIT MAIL                        |
|  |
| (Business Entity Name)                   |
| , , ,                                    |
| (Decomposit Number)                      |
| (Document Number)                        |
|  |
| Certified Copies Certificates of Status  |
|  |
| Special Instructions to Filing Officer:  |
| Special instructions to Filling Officer. |
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Office Use Only



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SECRETARY OF STA

## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

| CURTECT  | Genesis Homes                                | of Florida LLC  |   |
|--|--|---|---|
| SUBJECT:   | Name of Lim                                  | ited Liability Company  |   |
|  | Amendment and fee(s) are sub                 |   |   |
| Please return all correspo                             | ndence concerning this matter                | to the following:   |   |
|  |  | Kenneth Serrano   |   |
|  |  | Name of Person  |   |
|  | Gene   | sis Homes of Florida LLC  |   |
|  |  | Firm/Company  | <del></del>   |
|  | 5950 HAZEI                                   | TINE NATIONAL DR SUITE 620  | )   |
|  | <del></del>                                  | Address   |   |
|  | C  | Orlando, FL 32822   |   |
|  |  | City/State and Zip Code   |   |
|  | Keni   | neth@genesiscontractor.com  |   |
|  | E-mail address: (                            | to be used for future annual report notif                           | ication)  |
| For further information of                             | oncerning this matter, please c              | all:  | 201<br>SE   |
| Kenneth Serrano  |  | 407 308-4622<br>at ()   | 20Z4 NOV<br>SECRE   |
| Name o   | f Person                                     |   | Telephone Number  |
| Enclosed is a check for the                            | he following amount:                         |   | SSE PARTIE  |
| ■ \$25.00 Filing Fee                                   | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing For; Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u><br>Registration<br>Division of C | Section                                      | Street Address:<br>Registration Sec<br>Division of Cor              |   |
| P.O. Box 632   | •  | The Centre of T   | allahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Genesi  | s Homes of Florida LLC   |
|---|--|
| ( <u>Name of the Limited Liab</u><br>(A Flori                 | ility Company as it now appears on our records.) ida Limited Liability Company)  |
| The Articles of Organization for this Limited Liability       | Company were filed on 03/26/2021 and assigned  |
| Florida document number L21000143201                          | ·  |
| This amendment is submitted to amend the following:           |  |
| A. If amending name, enter the new name of the lin            | mited liability company here:  |
| he new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:           |  |
| Principal office address MUST BE A STREET ADI                 | DRESS)   |
|   |  |
| Enter new mailing address, if applicable:                     |  |
| Mailing address MAY BE A POST OFFICE BOX)                     |  |
| Winning anaress MAT BEAT 1991 011102 2019                     |  |
|   | - 20<br>S  |
| B. If amending the registered agent and/or register           | red office address on our records, enter the mane of the new regist  |
| agent and/or the new registered office address here           | RETAIN THE PARTY OF THE PARTY O |
|   | HA 2   |
| Name of New Registered Agent:                                 |  |
| New Registered Office Address:                                | ကိုဟု တို့   |
|   | 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> | <u>Name</u>       | Address  | Type of Action  |
|--------------|-------------------|--|-----------------|
| MGR          | Quinones, Lynette | 7550 Southland Blvd Orlando, FL 32819              | □Add            |
|              |                   |  | <b>=</b> Remove |
|              |                   |  | Change          |
| MGR          | Serrano, Kenneth  | 5950 Hazeltine National Drive Suite 620 Orlando, F | L<br>≣Add       |
|              |                   |  | □Remove         |
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| ## Application of the control of the |  |   |  |                     |                       |                    |                                |                   |
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| ffective date, if other than the date of filing:   | <u> </u>   |   |  |                     |                       | _                  |                                |                   |
| ffective date, if other than the date of filing:   |  |   |  |                     |                       |                    | <u> </u>                       |                   |
| ffective date, if other than the date of filing:   |  | <del></del>                                       |  |                     |                       |                    |                                |                   |
| ffective date, if other than the date of filing:   |  |   | <u> </u>                                       |                     |                       |                    |                                |                   |
| ffective date, if other than the date of filing:   | <u></u>  |   |  |                     |                       |                    |                                |                   |
| ffective date, if other than the date of filing:   |  |   |  |                     |                       |                    |                                |                   |
| ffective date, if other than the date of filing:   |  |   |  |                     |                       |                    |                                |                   |
| ffective date, if other than the date of filing:   |  |   |  |                     | <del></del>           |                    |                                |                   |
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| ffective date, if other than the date of filing:   |  |   |  |                     |                       | TAL                | 124 N                          | 7                 |
| ffective date, if other than the date of filing:   | ***  |   | <del></del>                                    |                     |                       | LAI                | — — g**                        | enteri<br>enteri  |
| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ote:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the list filed.  August 27  August 27   |  |   |  |                     |                       |                    | į.                             | i i               |
| ffective date, if other than the date of filing:   |  | ·   |  |                     |                       | Ç⊓ (v)             | <del>. ب</del>                 | نسبب.<br>فعلعه    |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 fote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  August 27  August 27   |  |   |  |                     |                       |                    |                                |                   |
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| ated August 27 2024.   | Jeument a effective                                      | uate on the Departme                              | In or State 5 reso                             | itus.               |                       |                    |                                |                   |
| rated Traction   |  | layed effective date, b                           | out not an effectiv                            | ve time, at 12:01 a | a.m. on the earlier o | of: (b) The 90     | th day after                   | the               |
| Signature of a member or authorized representative of a member   |  |   |  |                     |                       |                    |                                |                   |
|  | l is filed.  | 7   | 2024   |                     |                       |                    |                                |                   |