

L21000247688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

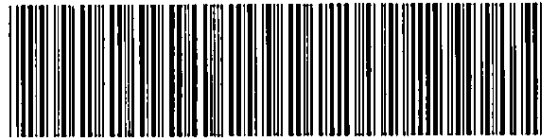
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/17/23--01028--006 **52.50

2023 JUN 20 11:08
FILE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2023

JULIE M. GELIN
GELIN GROUP LLC
2100 NE 174TH ST.
NORTH MIAMI BEACH, FL 33162 US

SUBJECT: GELIN GROUP, LLC
Ref. Number: L21000247688

2023 JUN 20 11:11:08

We have received your document for GELIN GROUP, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

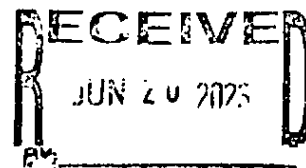
The form you submitted is for a Limited Partnership, but your entity is a LLC requiring an Articles of Amendment application. Please complete and return the enclosed blank form(s).

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.

Antoinette A Gonzalez
Regulatory Specialist II

Letter Number: 723A00012510



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Gelin Group LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie H. Gelin
Name of Person

Gelin Group LLC
Firm/Company

2100 NE 174th St.
Address

Norfolk Beach, FL 33462
City/State and Zip Code

Julie@Gelin.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie H. Gelin
Name of Person

at (786) 288 1485
Area Code Daytime Telephone Number

Enclosed is a check for the 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)

*See attached
letter/payment
already sent*

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Genial Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/27/2021 and assigned Florida document number 221000247488.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Antoine T. ST. Louis	2100 NE 174 th ST.	<input type="checkbox"/> Add
		NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Antoine ST. Louis	2100 NE 174 th ST.	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 6/16/2023

Typed or printed name of signee

2023.11.29 AM 11:09

Filing Fee: \$25.00