122000 135058

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2022

AUG 0 8 2022

JAMES C FRANCOIS 1313 DURSO C IMMOKALEE, FL 34142

SUBJECT: L.C.C.C.GENESIS LLC Ref. Number: L22000135058

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document to be corrected is: Articles of Organization. Please amend your document.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Querida R Silas Regulatory Specialist II Letter Number: 822A00013183

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COVER LETTER

TO: Registration Division of	Section Corporations				
L.C.C.C SUBJECT:	C.GENESIS LLC				
5056EC1	?	Name of Limited Liab	ility Company	_	
Dear Sir or Madam:					
The enclosed Stateme	ent of Correction and fee(s) a	are submitted for filing	g.		
Please return all corre	espondence concerning this t	matter to the following	g:		
James C Francois					
	Name of Person		-		
company					
	Firm/Company		-		
1313 durso c					
<u></u> .	Address		-		
Immokalee fl 34142				2022 AUG -8 SEGNETAR TALLAHA	
	City/State and Zip Code		_	AUG	T
L.c.c.c.genesis@Out	look.com			AARTHAA	
E-mail address:	(to be used for future annua	report notification)		ARY OF AHASSEE	
For further information	on concerning this matter, pl	ease call:		52	
James C, Francois		786	307-8977		
Na	me of Person	at (Area Code	Daytime Telephone Number		
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810	
Enclosed is a check	for the following amount:				
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	■\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

£

		ed liability company is: L22000135058	ZAUS -8 ANID: 52			
	Contains an incorrect statement. The incorrect state statement are as follows: Resgistered Agent Name was Incorrect, Francois, Jame The Title MGR Names was Incorrect. James, Fancois	es C. and The Corrected Agent Name is Jame	es C ,Francois			
	OR Was defectively signed. The manner in which the das follows:	ocument was defectively signed and the ap	propriate correction are			
0	The electronic transmission of the record was defect Signature of Authorized Representative	tive. OF-OS- Date	- 22			
Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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.						
	Registere Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				