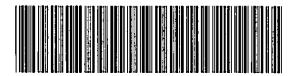
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2022 SEP 22 PM 1: 47

SEP 3 0 2022 S. **PRATHE**F

COVER LETTER

TO: Registration S Division of Co			
	Enterprises LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Kenya Frazier		
		Name of Person	
		Firm/Company	
	16435 sw 1st ct		
		Address	
	Pembroke Pines, Florida 33		
	dependonken@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report r	otification)
For further information	concerning this matter, please co	all:	
Ken Frazier		773 3987421	
Name	of Person	Area Code Day	time 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)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GenBuild Enterprises LLC			2022 A.L.L.
(Name of the Lim	ted Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	2022 SEP
The Articles of Organization for this Limited I Florida document number L22000306784		ny were filed on 7/11/2022	222 M 1: 4
This amendment is submitted to amend the fol A. If amending name, enter the new name of	Č	shility copynany have)
GenBlock LLC			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addresses		e address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:	n/a		
New Registered Office Address:			
		Enter Florida street address	
		, Flori	da
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

•••••••••••••••••••••••••••••••••••••			
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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an ef ote:	tive date, if other than the date of filing:

Dated July 18

Signature of a member or authorized representative of a member

Kenya Frazier

Typed or printed name of signee