

L22 000 4 04 806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

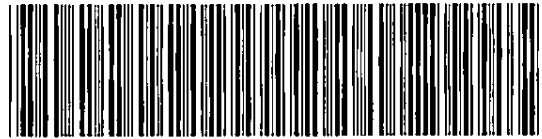
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

May 8

May 8

Office Use Only



600402888336

FEB 21 2023

BY:

0-2243-0117-021 0.00

2023 MAY -8 PM 2:11
SOUTHEASTERN FL
FBI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genitivous 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:

Shawn Anderson
Name of Person
Genitive LLC
Firm/Company
924 N. Magnolia Ave Suite 202 PMB 1392
Address
Orlando, FL 32803
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

2023 MAY -8 PM 2:11
STATE OF FLORIDA
TALLAHASSEE, FL

For further information concerning this matter, please call:

Shawn Anderson 407 735-6505
Name of Person at () 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)

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**

Genitivious 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 9/16/2022 and assigned Florida document number 122000404806.

This amendment is submitted to amend the following:

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

Genitive LLC

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)

924 N. Magnolia Ave

Suite 202 PMB 1392

Orlando, FL 32803

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

924 N. Magnolia Ave

Suite 202 PMB 1392

Orlando, FL 32803

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:

Shawn Anderson

New Registered Office Address:

924 N. Magnolia Ave Suite 202 PMB 1392

Enter Florida street address

Orlando

City

Florida 32803

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY
TALLAHASSEE, FL
2003 MAY 8 PM 2:11

2023 MAY -8 PM 2:11
SECURITY STATE
TALLAHASSEE, FL

2023 MAY -8 PM 2:11
SECURITY STATE
TALLAHASSEE FL

100

(If 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 (3)(b)

Dated _____ . _____

Shirley

Shawn Anderson

Filing Fee: \$25.00