622000477772

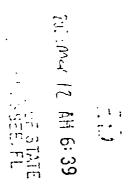
(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

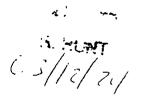
Office Use Only



900425578779

US/14/24--U1U29--D10 ★★52.50





COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT: Genesis Landscaping + Maintenance, LLC Name of Limited Ciability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:			
	Christine	Rodrique Z Name of Persón			
		Firm/Company	 .		
	2321 NW	1th Street #2			
	Pompano De accountin	City/State and Zip Code 8 © Genes: s Lan to be used for future annual report notifice	d M. Com		
For further information of	oncerning this matter, please ca		,		
Christopher	Ventrice of Person	at (SOI) 703 C	9250 Gelephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	S30.00 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 of Control of C	Section Corporations 27	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations lahassee Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Lint	ned Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were med on	1-24 and assigned
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 L	<u></u> -	ion "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
	1/2	12 M
Enter new mailing address, if applicable:	- N IV	mu o
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records	s, enter the name of the new registere
Name of New Registered Agent: NAME A		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my di as provided for in Chapto	ities, and I am familiar with and er 605, F.S. Or, if this document is

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	Ton: Ann Ventrice	Pompano Beach = 1 33002	DAdd
		<u> </u>	_
			□Change
			🗀 Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Adđ
		□Remove	
			□Change
			□Add
		□Remove	
			□Change
			□Remove
			□Change

	
	
	
	
(If an effection Note: If t	date, if other than the date of filing:
he record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4-24 2024
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00