Division of Corporations



(((H230003848463)))

below) on the top and bottom of all pages of the document.



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **C&N GENESIS LLC**

Certificate of Status	0	
Certified Copy	0	
Page Count	06	
Estimated Charge	\$25.00	

Electronic Filing Menu Corporate Filing Menu

Help

EZOZ 8 - AON T. LEMIEUX Page: 07 of 15

To: 13233890597

11/2/2023 19:42:47 COT

2023-11-06 15;48;11 PST

13236068205

From: Rajiv Srivastava

Page: 1/4

From: TB\$ Inc.

Fax: 8882229999

## **COVER LETTER**

TO:	Registration Se Division of Cor			
eun u		SESIS LLC		,
20831	ЕСТ:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.	Name of Limited Liability Company  and fee(s) are submitted for filing.  eming this matter to the following:  e Moseley  Name of Person  om.com. Inc.  Firm/Company  rand Blvd 11th Fl  Address  CA 91203  City/State and Zip Code  6@gmail.com  E-mail address: (to be used for future annual report notification)  s matter, please call:  at (	
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	···
		Glendale, CA 91203		
		nicob1976@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	fication)
For fur	ther information co	oncerning this matter, please ex	sil:	
Cheye	nne Moseley		800 773-0888	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

11/2/2023 19:42:47 CDT

To: 13233890597

Page: 2/4

From: TBS Inc.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C&N GENESIS 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 05/25/2023 \_\_\_\_\_ and assigned Florida document number 1.23000257569 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 "LLC." 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

## 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

From: Rajiv Srivastava

1/2/2023 13:42:47 CDT

To: 13233890597

Page: 3/4

From, TBS Inc.

Fax: 8882229999

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

Title	Name	Address	Type of Action
AMBR	HERNANDEZ, CLAUDIA		
	-	1496 MISTY LN BOLINGBROOK, IL 60490	■ Remove
		·	D Change
Amountaine days and d		· · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			□ Add
			□ Кеточе
			□ Change
			☐ Add
			□ Remove
			□ Change

•	. Page:-10 o	f 15 202	3-11-06 15:48:11 PST	13236068205	From: Rajiv Srivasta
2/2023 19:42.47	CDT	To: 13233890597	Page: 4/4	From: TB\$ Inc	Fex: 8882229999
D. If ame	ending any oth	er information, enter c	change(s) here: (Attach addi	tional sheets, if necessary.)	
-					
				11	<del></del>
-	<del></del>				<del></del>
_			· · · · · · · · · · · · · · · · · · ·		
_					
-					
-					<del></del>
			* #		<del></del>
-					
_					<del></del>
-					
		118. 11. 11. 11. 11. 11. 11. 11. 11. 11.		and the common to the second s	·
_	··················				<del></del>
-					
_					
_					<del></del>
E. Effecti	ve date, if oth	er than the date of filin	<b>€</b> :	(optional)	
(if an effi Note:	ective date is liste If the date inser	d, the date must be specific and	d cannot be prior to date of filing or meet the applicable statutory fil	more than 90 days after filing.) Pursuar ing requirements, this date will not	n to 605,0207 (3)(b) be listed as the
If the rec	ord specifies	a delayed effective	date but not an effective	time, at 12:01 a.m. on the	earlier of:
		ter the record is filed.		time, at 12.01 a.m. on the	carret or.
Dated	illore	ember 1st	. <u>2023</u>		
		Wichoe Br Signature of a	. 2023 member or authorized representative	ve of a member	<del></del>

Page 3 of 3

Typed or printed name of signee

Nicolae Bragar

Filing Fee: \$25.00