L23000311924

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Document Number)				
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TALLAHASSED FI SECRETASY OF STATE

2023 SEP | | AH | |: 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3Genz Cleaning LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny us it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on June 29th 2023 Florida document number L23000311924					
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		3035 SE MARICAMP RD #104-170	0 ~~		
(Principal office address MUST BE A STREET ADDRESS)		OCALA FL 34471	7023 S		
Enter new mailing address, if applicable:	nav	3035 SE MARICAMP RD #104-176	SEP 1 ATT		
(Mailing address MAY BE A POST OFFICE BOX)			- F		
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	MARCIA MA		name of the new register		
New Registered Office Address.		Enter Florida street address			
	OCALA	, Florida	34471		
		City	Ziv 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>	Address	Type of Action
AMBR	TAMARA A GRANT-POWELL		
		34 SUNRISE DR OCALA FL 34472	■Remove
			□ Change
MGR	MARCIA CAMPBELL		□Add
		35 HEMLOCK RUN OCALA FL 34472	■Remove
MGR	GARY POWELL		□Change SECRE
			P Remove
AMBR	MARCIA MANNINGS	3035 SE MARICAMP RD 104-170 OCALA FL	
			□Remove
			□ Change
			□Add
			□Remove
			□Add
			□Remove
		_	□Change

be removed as the registered agent and replace with Marcia Manni	ings.
We also want to remove all address and replace with 3035 SE Mar	ricamp RD #104-170, Ocala FL 34471 as the
principle address and mailing address.	
	- S 22
	3 SE CRE ALI
	TAR MRZ
	OCT STREET
	710.
JUNE 29TH 2023	(anti-nal)
tive date, if other than the date of filing: flective date is listed, the date must be specific and cannot be prior to date of	(optional) filing or more than 90 days after filing.) Pursuant to 6
If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	utory thing requirements, this date will not be it
ord specifies a delayed effective date, but not an effective time, at 11 filed.	2:01 a.m. on the earlier of: (b) The 90th day af
d AUGUST 7TH 2023	
"	
LA Manager	,

Filing Fee: \$25.00

COVER LETTER

TO:

	Registration Sec Division of Corp		
CHB III	3Genz Clea	ning LLC	
SUBJEC	.1:	Name of Lim	ited Liability Company
The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.
Please re	turn all correspo	ndence concerning this matter	to the following:
		Marcia Mannings	
			Name of Person
		3Genz Cleaning LLC	
			Firm/Company
3035 SE MARICAMP RD		3035 SE MARICAMP RD	#104-170
			Address
			City/State and Zip Code
		OCALA, FL 34471	923 S TAL
		E-mail address: (to be used for future annual report notification)
For furth	er information c	oncerning this matter, please c	all:
MARCI	A MANNINGS		646 5089309
	Name o	f Person	City/State and Zip Code to be used for future annual report notification) all: at (646
Enclosed	l is a check for th	ne following amount:	
≡ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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			Street Address: Registration Section
Division of Corporations			Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303