## L2300044985a

Office Use Only



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2024 AUG 12 AM 9: 25 2024 AUG 12 PH 12: 44

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS AUTHORIZATION SIGNATURE: _	ACCOUNT: 120210000160: \$_25.00
Genesis Regenerative LLC L23000449	<b>Q</b> . • • • •
BUSINESS ( Name)	Document #.
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copies of Articles of Organ	nization
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication CORP LLLP	_X _AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ( )	Trademark Other
	EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

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Genesis Regenerative LLC L23000449852				
BUSINESS ( Name)	Document #.			
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Fictitious Name	Limited PartnershipReinstatement			
APOSTIL ( ) Country	Trademark Other			
	EXAMINER'S INITIALS:			

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cenes is Regenerative UC  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:
Michael MAJOR Name of Person
Genesis Regenerative LK
15500 Roosevelt BIVO Ste 104
Clearwater Floridg 33760
Clearwater Floridg 33760  City/State and Zip Code  Mike & dg Medical group.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mike Moton at 727, 851 5483
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  S60.00 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

C	OF FILED
Genesis Regen	erative UC 4/4/18/12 12
	any as it now appears on our records.) Liability Company)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 9/28/2023 and assigned
Florida document number <u>L23000449852</u> .	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabii	ity Company "the designation "T I C" as the althousistics "T I C"
	my company, the designation ble to the appreviation bl.b.c.
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 a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP_	Jerry Sacabia	15500 Roberelt BIVD STE 104	□Add
		Cleannater, Fl 33760	<b>⊠</b> Remove
			□Change
<u>C00</u>	ALI Capric	15500 Roosevelt BIVO Stel	o <del>'</del> □∧dd
		Clearwater, FL 33760	Remove
			□Change
Con	Hector Molina	15500 Roosevelt Blvo StE 10	4 □Add
		Clearwater FL 33760	<b>⊠</b> Remove
			Change
<u>Coo</u>	Albert Lavalley	15500 Roosevelt BIVO STEI	04 □Add
		Clearwater, FL 33760	Remove
		·	Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□ Changa

<del></del>	
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ffective	date, if other than the date of filing: (optional)
an effecti lote: If t	ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records.
record sp	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
ated	8/12/2024
	Mk Mm
	Signature of a member or authorized representative of a member
	Mike MAJOR  Typed or printed name of signee