

L23 000449857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

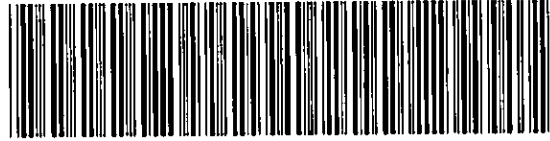
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

J. DENNIS
10/25/24

Office Use Only



000438086740

FILED

2024 OCT 25 PM 11:04

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 OCT 25 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$25.00

Authorization Signature: 

Genesis Regenerative LLC L23000449852

Business Name

#Document #

 Walk in

 Will wait

 Certified Copies of the Articles of Incorporation

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 LLC
 Domestication
 INC
 CORP
 OTHER

AMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Conversion
 Statement of FACT
 Merger

OTHER FILINGS

 Annual Report
 Fictitious Name
 Statement of Authority
 APOSTIL

 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 CORRECTION for a Foreign LLC
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genesis Regenerative 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:

Mike MAJOR
Name of Person

Genesis Regenerative LLC
Firm/Company

15500 Roosevelt Blvd Ste 104
Address

Clearwater, FL 33760
City/State and Zip Code

Mike@dgmedicalgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike MAJOR at (727) 851-5483
Name of Person 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)

☐ 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 10
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Genesis Regenerative 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 9-28-2023 signed
Florida document number L23000449852

This amendment is submitted to amend the following:

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

NA
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC,"

Enter new principal offices address, if applicable: NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: NA

(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: NA

New Registered Office Address: NA

Enter Florida street and

City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity, and I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I agree to accept the obligations of my position as registered agent as provided for in Chapter 607, F.S., and, if the amendment is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.

NA
If Changing Registered Agent, Sign:

Registered

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA

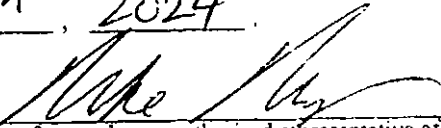
E. Effective date, if other than the date of filing: _____

(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 the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document will be filed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day the record is filed.

Dated October 25th, 2024


Signature of a member or authorized representative of a member

Mike MAJOR
Typed or printed name of signer