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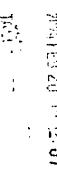
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COVER LETTER

TO: Registration of Division of	n Section Corporations			
SUBJECT:	GENMISC.SERVICES.LLC.			
30B/ECT:	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Statem	nent of Correction and fee(s) a	are submitted for filin	g.	
Please return all corr	respondence concerning this r	natter to the following	g:	
Kenton C. Ail	Ken			
	Name of Person		-	
GenMisc Servi	ces LLC.			
	Firm/Company		-	
2139 N Univers	ity Drive, Unit # 5002			
·	Address		-	
Coral Springs, I	Florida 33071			
	City/State and Zip Code		-	
genmiseserv@g	mail.com			
E-mail address	: (to be used for future annua	report notification)	-	
For further informat	ion concerning this matter, pl	ease call:		
Kenton C Aik	en	954	470-2953	
No.	eme of Person	at (Area Code	Daytime Telephone Number	
Division (P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check	for the following amount:			
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	: The name of the limited liability company is:GENMISC.SER	VICES.LLC.
SECO:	2: Document to be corrected is: ARTICLES OF ORGANI	ZATION
Ø	CHECK THE APPROPRIATE BOX AND COMPLETE Contains an incorrect statement. The incorrect statement, the reason statement are as follows:	·
	1/h	
	<u>OR</u>	
Ø	Was defectively signed. The manner in which the document was de as follows: (defect) GENMISC.SERVICES.LLC.	• • • • • • • • • • • • • • • • • • • •
	(correction) GENMISC SERVICES LLC.	
	<u>OR</u>	
7	The electronic transmission of the record was defective. Kenton C Aiken	01/15/2024.
	Signature of Authorized Representative	Date
acceptii New Re I hereby provisie obligati	re of new registered agent, if applicable :(NOTE: if correcting the reing the designation). Registered Agent's Signature, if changing Registered Agent: Reaccept the appointment as registered agent and agree to act in this cons of all statutes relative to the proper and complete performance of ions of my position as registered agent as provided for in Chapter 60, a change in the registered office address. I hereby confirm that the line change.	capacity. I further agree to comply with the my duties, and I am familiar with and accept the 5. F.S. Or, if this document is being filed to merely
	Registered Agent's Signa	ture

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)