

L24000182334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE  
TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REGENESIS CENTER FOR RENEWABLE ENERGY L.L.C.  
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:

PHILIP WILLIS

Name of Person

REGENESIS RENEWABLE ENERGY SOLUTIONS

Firm/Company

2247 JOLIET STREET

Address

DIXMOOR, ILLINOIS 60426

City/State and Zip Code

savantwillis@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP WILLIS

708 781-3203

at ( )

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)

☐ \$60.00 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

SECRET  
TALLAHASSEE, FL

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

REGENESIS CENTER FOR RENEWABLE ENERGY

(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 April 17 2024 and assigned  
Florida document number L24000182334.

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 "L.L.C."

Enter new principal offices address, if applicable: 2247 JOLIET STREET DIXMOOR, ILLINOIS 60426  
(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: 2247 JOLIET STREET DIXMOOR, ILLINOIS 60426  
(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: PHILIP WILLIS  
New Registered Office Address: 2247 JOLIET STREET  
Enter Florida street address  
DIXMOOR, ILLINOIS, Florida 60426  
CityZip 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

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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>	<u>Address</u>	<u>Type of Action</u>
AR	Pia Fortini	3757 EAGLE ISLE CIRCLE KISSIMMEE, FL 34746	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	PHILIP WILLIS	2247 JOLIET STREET DIXMOOR, ILL. 60426	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	EDGARDO SALDANA	9745 LANDOWEN CT. ORLANDO, FLA. 32817	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	WARNER D. RAGLAND	1224 CHICAGO AVE. #202 EVANSTON, ILL. 60202	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEVE RACOOSIN	3849 Pala Mesa Dr Fallbrook CA 92028	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FEDERAL RESERVE  
STATE  
FALLBROOK CA

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[illegible]

(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 filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after record is filed.

Philip Willis  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**