| (Requestor's Name) |
|---------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| fied Copies Certificates of Status |
| ecial Instructions to Filing Officer: |
| J. HORNE DEC 16 2024 |

Office Use Only



400440796364

FILED
2024 DEC 13 AMII: 40

υ. Ο

2024 DEC 13 FH 3: 15

| 2330 CLARE DR | (850) 524–6243 |
|---------------------------------|--------------------------------------|
| TALLAHASSEE, FL 32309 | (850) 491–9625 |
| Please use funds from this acco | ount: I20210000160: \$25.00 |
| Authorization Signature: Adula | v Fill |
| Business Name: GENHUBEL ENT | |
| Document# L24000512991 | |
| Certified Copy | |
| Certificate of Status | |
| NEW FILINGS | AMMENDMENTS |
| Profit Corp | _XAmendment |
| Not for Profit | Resignation of R.A. Officer/Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Revocation of Dissolution |
| LLLP | Merger |
| CORP | Articles of Conversion |
| Other | Restated Articles of Incorporation |
| Other | Statement of Authority |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Apostille | Foreign Filing |
| Country | Reinstatement |
| | Qualification |
| | Annual Report |
| | Fictitious Name |
| | |

(850) 524–5437

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:____

| ALLAHASSEE, FL 32309 | (850) 491–9625 |
|---------------------------------|--------------------------------------|
| Please use funds from this acco | ount: 120210000160: \$25.00 |
| Authorization Signature: | res Julla |
| Business Name: GENHUBEL ENT | ERPRISES LLC |
| <u>Document</u> # L24000512991 | |
| Certified Copy | |
| Certificate of Status | |
| NEW FILINGS | AMMENDMENTS |
| Profit Corp | _XAmendment |
| Not for Profit | Resignation of R.A. Officer/Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Revocation of Dissolution |
| LLLP | Merger |
| CORP | Articles of Conversion |
| Other | Restated Articles of Incorporation |
| Other | Statement of Authority |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| Apostille | Foreign Filing |
| Country | Reinstatement |
| | Qualification |
| | Annual Report |
| | Fictitious Name |
| | |
| | |

(850) 524-5437

(850) 524-6243

LORIDA CAPITAL COURIER SERVICES, INC.

330 CLARE DR

EXAMINER'S INITIALS:____

COVER LETTER

Registration Section Division of Corporations

:

| GENHUBI | EL ENTERPRISES LLC | | |
|--|--|---|--|
| ы <u>с</u> | Name of Lim | ited Liability Company | |
| enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| ase return all correspo | ondence concerning this matter | to the following: | |
| | CHARMAINE THOMPSO | ON | |
| | | Name of Person | |
| | GENHUBEL ENTERPRIS | SES LLC | |
| | - | Firm/Company | · |
| | 3848 LYONS RD APT 20 | 6 | |
| | | Address | |
| | COCONUT CREEK, FL 3 | 3073 | |
| | | City/State and Zip Code | |
| | charthompson14@gmail.co | m | |
| | E-mail address: (| to be used for future annual report not | ification) |
| further information of | concerning this matter, please c | all: | |
| ARMAINE THOMP | SON | 954 213-4376 at () | |
| Name o | of Person | | ne Telephone Number |
| losed is a check for t | he 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 : Division of C | Section | <u>Street Address:</u> Registration Se Division of Co | |
| P.O. Box 632 | • | The Centre of | • |
| Tallahassee. | | | oe Street, Suite 810 |

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GENHUBEL ENTERPRISES LLC

2024 DEC 13 AM 11: 40

| (Name of the Limited Liability Comp (A Florida Limited | Liability Company) | State of Sta |
|---|--|--|
| he Articles of Organization for this Limited Liability Companiorida document number $\frac{L24000512991}{L24000512991}$. | y were filed on 12/10/2024 | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited lia | bility company here: | |
| he new name must be distinguishable and contain the words "Limited Liab | oility Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| inter new mailing address, if applicable: | 3848 LYONS RD APT 206 | |
| Mailing address MAY BE A POST OFFICE BOX) | COCONUT CREEK, FL 33073 | |
| | | |
| b. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the | name of the new registere |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Florida | a Zip Code |
| ew Registered Agent's Signature, if changing Registered Agent | • | zay Com |
| hereby accept the appointment as registered agent and ag rovisions of all statutes relative to the proper and complet ecept the obligations of my position as registered agent as eing filed to merely reflect a change in the registered offic ompany has been notified in writing of this change. | - ree to act in this capacity. I furthe e performance of my duties, and I provided for in Chapter 605, F.S. | am familiar with and Or, if this document is |
| | anging Registered Agent, Signature of New | w Registered Agent |

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

| <u>tle</u> | Name | <u>Address</u> | Type of Action |
|------------|------|----------------|----------------|
| | | | Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | | | | |
|--|--|-------------------------------|---|-------------------------------------|
| | | ····· | | |
| | | | | |
| | | | | |
| | | | | |
| · · · · · · · · · · · · · · · · · · · | * * · | | | |
| - | | | | |
| | ·· — | | | |
| | | | | |
| | | | | |
| | | • | | |
| | | | | |
| | | | | |
| ···· | | | | |
| | | | | |
| | | | | |
| ffective date, if other than the can effective date is listed, the date must tote: If the date inserted in this blo ocument's effective date on the De | be specific and cannot be priock does not meet the appli | cable statutory filing requ | (optional) an 90 days after filing.) Pursuant t uirements, this date will not b | to 605.0207 (3)(e listed as the |
| record specifies a delayed effective I is filed. | date, but not an effective t | time, at 12:01 a.m. on the | e earlier of: (b) The 90th day | after the |
| ated | | | | |
| ANN | Signature of a member or auth | | | |
| | Signature of a member or auth | norized representative of a n | nember | _ |
| CHARMAINE THOMPS | SON | | | |
| - | Typed or prin | ted name of signee | | |

Filing Fee: \$25.00