

L25000035638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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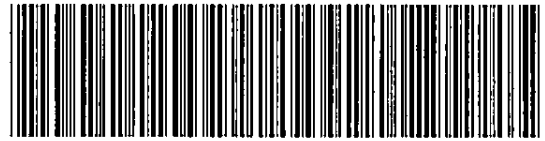
(Business Entity Name)

(Document Number)

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05/19/25--01030--014 **30.00

2025 MAY 19 AM 10:24

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7/16/2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GENERAY GROUP, 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:

RAYNALD GENE

Name of Person

Firm/Company

2700 NW 39TH WAY, APT. 202

Address

LAUDERDALE LAKES, FL 33311

City/State and Zip Code

generaygroupllc@gmail.com

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

For further information concerning this matter, please call:

RAYNALD GENE

954 831-9570
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

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

GENERAY GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2025 11 19 AM 10:24

The Articles of Organization for this Limited Liability Company were filed on 01/21/2025 and assigned
Florida document number L25000035638.

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:

(Principal office address MUST BE A STREET ADDRESS)

2700 NW 39TH WAY APT 2

LAUDERDALE LAKES, FL 33311

Enter new mailing address, if applicable:

(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:

RAYNALD GENE

New Registered Office Address:

2700 NW 39TH WAY APT 202

Enter Florida street address

LAUDERDALE LAKES

City

Florida 33311

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.

Raynald Gene
If Changing Registered Agent, Signature of New Registered Agent

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>
AMBR	RAYNALD GENE	2700 NW 39TH WAY APT 202	☐ Add
		LAUDERDALE LAKES, FL 33311	☐ Remove
			☒ Change
MGR	GUERDA GENE ALBERT	2700 NW 39TH WAY APT 202	☐ Add
		LAUDERDALE LAKES, FL 33311	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
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			☐ Change

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(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 the record is filed.

Raynald Gene
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00