P24000031095

(R	equestor's Name)			
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(Ci	ity/State/Zip/Phone #	<u> </u>		
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COVER LETTER

TO: Amendment Section Division of Corporations		
GENESIS 2024 CORP SUBJECT:		
DOCUMENT NUMBER: P24000031095	Name of Corporation	
The enclosed Articles of Correction and	fac are submitted for filing	
Please return all correspondence concern	_	
·	ming this matter to the following.	
MIGUEL M MENDOZA Name of Contact Person		
Name of Contact Ferom		
Firm/Company		
1139 TIMBERBEND CIRCLE		
Address		
ORLANDO, FLORIDA, 32824		
City/State and Zip Code		
MGMENDO@AOL.COM		
E-mail address: (to be used for future annua	report notification)	
For further information concerning this i	matter, please call:	
MIGUEL M MENDOZA	407 538-7487	
Name of Contact Person	at ()	
Enclosed is a check for the following am	oount:	
■ \$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
□ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF CORRECTION

For

CENTRES 303 LCODE		4024 M.	2, 2,
GENESIS 2024 CORP	Name of Corporation as currently filed with the Florida Dept. of State		12.0
	Hame or Copporation as currently fined order to the assessment		10.5
	P24000031095		
	Document Number (if known)		
Pursuant to the provision	ns of Section 607.0124, Florida Statutes.		
These articles of correcti	on correct P24000031095		
	(Document Type Being Corre	cted)	
filed with the Departmer	nt of State on 05/01/2024 (File Date of Document)	·	
	(File Date of Document)		
Specify the inaccuracy, i	incorrect statement, or defect:		
The correct Registered Ager	nt full name is VICTOR M. OJEDA CADENAS not VICT	OR M. OJEDA	CARDENAS.
			
Correct the inagouracy	neamant statement or defect:		
•	incorrect statement, or defect:	ENTAC	
Please correct the Registered	d Agent last name. The correct last name is OJEDA CADE		
		_	
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	3		
	(Signature of a director, president or other officer - if directors or officers ha not been selected, by an incorporator - if in the hands of the receiver, truste	e, or	
	other court appointed fiduciary, by that fiduciary.)		
Miguel M.	Mondoza	1 neerp	erater.
	d name of person signing)	(Title of perso	

Filing Fee: \$35.00