

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000177710 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US CONTADOR INC Account Number : I20200000121 : (770)928-2700 Phone Fax Number : (888)772-8108

\*\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## ELC AMND/RESTATE/CORRECT OR M/MG RESIGN **GENESIS ST GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**Electronic Filing** 

Corporate Filing Menu

Help

MAY 1 6 2023

, -. Page: 2 of 6

## H23000177710 3 ARTICLES OF AMENDMENT: TO ARTICLES OF ORGANIZATION OF

## GENESIS ST GROUP LLC

(Name of the Limited	Liability Company as it now appears on our records.) Florida Lamited Liability Company)	<del></del>
The Articles of Organization for this Limited Liab Florida document number <u>L22000341658</u>	oility Company were filed on08/04/2022	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Name of New Registered Agent:	istered office address on our records, enter the name o	f the new registered
New Registered Office Address:	Enter Florida street address	<del></del>
	F1 . 1	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent:	 구. 3
provisions of all statutes relative to the proper accept the obligations of my position as registe		to comply with the iliar with and his document is d liability
	If Changing Registered Agent, Signature of New Registe	red Agent

## H23000177710 3

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

. Page: 3 of 6

Title	Name	Address	Type of Action
MGR	SANCHEZ, JOSE F	1700 CONIFER CIR	
		CHARLOTTE, NC 2821	3 ≣Remove
			□Change
MGR	PLADA RESTREPO, MARXIA A	801 N BROAD ST, APT. 041-	- ≣Add
		ELIZABETH, NJ 0720	8 DRemove
			DRemove
			OChange
	·····		🗆 Add
			DChange
			①Add
			🖾 Remove
			□Change
			□Change

H23000177710 3

			-	
				<del></del> -
				<del></del>
			· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·		
		·		
			·	
				<del></del>
			ر المراجع المر	
· · · · · · · · · · · · · · · · · · ·				
Tective date if other than the d	ate of fillno:		(ontional)	
fective date, if other than the d in effective date is listed, the date must	se specific and cannot be prior	r to date of filing or more t	han 90 days after filing.) Pursuant	in 605.0207
ote: If the date inserted in this bloc	k does not meet the applic	able statutory filing re	quirements, this date will not b	oc listed as
ncument's effective date on the Dep	annien of State 8 records	•		
•				
record specifies a delayed effective	date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90th day	y after the
is filed.				
ated APRIL 24TH	2023			
		<del></del> '		
	1			
<u></u>	A. HILL X. S.	~.il2		
	ignature of a meruber or auth	wills	member	<del></del>
	ignature of a member of auth	willia control representative of a	member	<del></del>