## LZI 000368683

(Re	questor's Name)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Consist Instructions to		
Special Instructions to	Filing Officer;	

Office Use Only



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SECILETARY OF STATE ON VISION OF CURPORATION

T. MATTHEWS
JUN 27 2022

RECEIVED

2022 JUN -9 AH 11: 29

STONE HAND LI JANE TALLAHADSEE, FL

April 14, 2022

KUNAL CHANDIRAMANI 5500 TURKEY LAKE RD ORLANDO, FL 32819

SUBJECT: C & M LEGACY PROPERTIES LLC

Ref. Number: L21000368683

We have received your document for C & M LEGACY PROPERTIES LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMTED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 222A00008711

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: C & M	Legacy Pro	oper fies LLC ited Liability Company	<del></del>
The enclosed Articles of Amer	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_	Kunal Cha	andira mani Name of Person	
_		Firm/Company	
_	5500 Turk	ey Lake Rd.	<del> </del>
_	Orlando Fi	32819 City/State and Zip Code	<del></del>
		YPROPERTIES @ GH to be used for future annual report not	
For further information concer	ning this matter, please co	dl:	
Kunal Chance Name of Person	di ramani	at ( <u>201)</u> 370 Area Code Daytim	- OU Y I
Enclosed is a check for the foll	owing amount:		
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	rations	Street Address: Registration Se Division of Col The Centre of T	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF OLYISION OF CORPORATIONS

CIM Legacy	Properties LLZ JUN-9 PM 4: 55  iability Company as it now appears on our records.)  Plorida Limited Liability Company)
(Name of the Limited'I (A l	iability Company as it now appears on our records.) Porida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on August 17, 2021 and assigned
Florida document number <u>L 21000 36 86</u>	<u>. 8 3                                   </u>
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registere</u> <u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
	Zip Code

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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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>	Address	Type of Action
AMBR	Kunal Chandiramani	5500 Turkey Lake Rd.	<b>X</b> Add
			□Remove
			□ Change
			□Add
			🗆 Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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			🗆 Add
			□Remove
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<u>be</u>	<u>a</u>	Manai	ging	Mem'	ber	(HGRF	<u>()</u>			_
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ctive date, if effective date is e: If the date i ument's effect	listed, the d nscrted in	ate must be s this block of	pecific and o does not me	cannot be price set the appli	icable statu	filing or more tory filing re	than 90 d quireme	_ <b>(option</b> ays after filents, this d	al) ing.) Pursuant to ate will not be	605.01 listed
ord specifies a	ı delayed e	ffective dat	e, but not a	in effective	time, at 12	:01 a.m. on t	he carli	er of: (b)	The 90th day a	after tl
med,		_		202	<u>.                                    </u>					
ed June	<u> </u>									

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)