Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## CONGO LEGACY, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONGO LEGACY, LLC			
(Name of the Limited Liab (A Flori	illity Company as it now appears on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on 10/13/2021	and assig	ened
Florida document number 1.21000446548	·		5
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	ulted liability company here:		
The new name must be distinguishable and contain the words "Lis	mited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
		·	
Enter new mailing address, if applicable:		42 27	282
(Mailing address MAY BE A POST OFFICE BOX)		; . L.f.	_ <del></del>
			<del></del>
		67.	9
B. If umending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter the o</u>	ame of the new	rezistered
ESTAN AND OF THE NEW TESTACTED OFFICE AUDITES TICHE!		10 C	$\bar{\sim}$
Name of New Registered Agent:		<u> </u>	<b>3</b> μ
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, and I a gent as provided for in Chapter 605, F.S. ( ed office address, I hereby confirm that the	m familiar with . Or, if this docum	and ient is

If Changing Registered Agent, Signature of New Registered Agent

To: +18506176383 Page: 4-of 5 2021-11-19 21:05:09 GMT 13053284774 From: Yanet Avila

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>	Name	Address	Type of Action
MGR	RODRIGO PASTOR PERALTA	3400 NW 74 AVENUE	DAdd
		MIAMI, FL 33122	
<del></del>			□Add
			□Remove
			DChange
			CIAdd
			□Remove
			□Change
			□Λdd
			□Remove
			Change
			DAG CLACK
			□Change
			□Add
			□Remove
			☐ Change

record is filed.

Dated \_\_\_\_

YURI SERGEEVICH PROKHOROV

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	<del></del>			
ective date, if other than the date of filing:			(optional)	
ective date, if other than the date of filing:  offective date is listed, the date must be specific and cannute: If the date inserted in this block does not meet turnent's effective date on the Department of State's	the applicable sta-	filling or more than rutory filling requir	90 days after filing.) Pu ements, this date wil	rsuant to 605.0 I not be listed

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

2021