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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:.

Division of Cor	porations		•
SUBJECT: LEGAC	Name of Lim	Auton Governo (	contudous of noon
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	URBA	(Name of Person)	
	LEACY BOOK	at (774) 2246345  (Area Code & Daytime Telephone Number)  Dunt:  Ing Fee & Status Status Status Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section	
	3907 N. A	CAddress)	75
	POM PANO !	BEATH FZ 33 (City/State and Zip Code)	064
For further information co	oncerning this matter, please c		
Un CAM (Name o	of Person)	at ( <del>774 )                                 </del>	75 [Felephone Number]
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Registra	NG ADDRESS: ation Section n of Corporations ox 6327	Registration Section	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

LEGACY ROOMNG OF FLORIDA The Articles of Organization for this Limited Liability Company were filed on 06/01/65 Florida document number LOS 000060191

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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:

IJRBAND NETO

New Registered Office Address:

4330 NE 157H TEMBLE POMPHUD BEACH PL 33064

(Enter Florida street address)

## 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confifm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	PLANEL DE JESUS	4330 NE 15TH TELMICE AMMANO BEACH, PL 3300	Add Remove
			Add Remove
			Add Remove
			Add Remove
		•	Add Remove
K		ge(s) here: (Attach additional sheets, if necessar  ONGET PINT OF THIS LLC  MANNA CLITTONS TO	y) 
 Dated	Signature of a member	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00