## L09000115447

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2012 FEB - 1 AM W: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB -2 2012

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co			•			
· •	CMI	nany Dana III C				
SUBJECT:		gacy Parc, LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
		Glenn H. Sonoda				
		Name of Person				
CM Legacy Parc, LLC						
		Firm/Company				
		1880 Destiny Blvd.				
		Address				
,		Kissimmee, FL 34741				
		City/State and Zip Code				
	glenn.sonoda@gmail.com  E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please of	call:				
Gle	enn H Sonoda	at ( 407 ) 8	70-5191			
Name of Person		at ( 407 ) 8 Area Code & Daytime	Telephone Number			
Enclosed is a check for t	he following amount:		/			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2012 FEB - 1 AM 日: 18

SECRETARY OF STATE

	CM	Legacy Parc, LLC	SECRETA	RY OF STATE
( <u>Nan</u>	ne of the Limited Liabi (A Flori	lity Company as it now app da Limited Liability Company	ears on our records.)ATA.	DOCELL COMPA
The Articles of Organization for	or this Limited Liabilit	y Company were filed on _	December 4, 2009	_ and assigned
Florida document number	L09000115447			
This amendment is submitted to	o amend the following	;		
A. If amending name, enter t	the new name of the I	imited liability company b	<u>nere</u> :	•
The new name must be distinguis "L.L.C."	hable and end with the	words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices ac	ddress, if applicable:	<del></del>		
(Principal office address MUS	T BE A STREET AD	DRESS)		<u></u>
Enter new mailing address, if	applicable:			
(Mailing address MAY BE A 1		•		
B. If amending the register registered agent and/or the ne			our records, <u>enter the</u>	name of the new
Name of New Registe	red Agent:		····	
New Registered Offic	e Address:			
			Enter Florida street addre	SS
<del>_</del>		City	, Florida	Zip Code
		City		Lip Coue

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 confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

'If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Title Name **Address** MGRM Charles Moosa 1880 DESTINY BLVD ☐ Add Remove KISSIMMEE FL 34741 Charles Moosa aka MGRM 21 SARANAC ROAD ✓ Add Remove SEA RANCH LAKES FL 33308 Chaim Moosa Intervivos Revocable Trust dated May 15, 2000 ☐ Add ☐ Remove Add Remove ∏Add □Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 30 2012 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member CHARLES MOOSA

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00