L12000035336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Amend

05/20/16--01006--005 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN -7 2016

N. CAUSSEAUX

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Legacy Realty Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ed Alterman
Name of Person

Legacy Realty Group LLC
Firm/Company

3815 Schoenwald Ln
Address

Jax Fl 32223
City/State and Zip Code

ed@FloridaRentalGuys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ed Alterman at (904) ~~300-3~~ 254-2773
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2016

ED ALTERMAN
LEGACY REALTY GROUP LLC
SCHOENWALD LANE
JACKSONVILLE, FL 32223

SUBJECT: LEGACY REALTY GROUP, LLC
Ref. Number: L12000035336

We have received your document for LEGACY REALTY GROUP, LLC and your check(s) totaling $25.00. However, the document has not been filed and is being retained in this office for the following:

The amendment is missing page 1. Page 1 must be completed and returned to my attention.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor Letter Number: 016A00011110

Ref #

L12000033336

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION

Legacy Realty Group, LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/1/2012 and assigned Florida document number L12000033336.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

_____

_____

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TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City *Zip Code*

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 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 company has been notified in writing of this change.

_____

If Changing Registered Agent, Signature of New Registered Agent

Add

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Elliott Greenberg	3815 Schoenwald Ln Jacksonville, FL 32223	☒ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

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TALLAHASSEE, FLORIDA

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16 JUN -2 PM 3:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 5-18-16.

Edward Alterman

Signature of a member or authorized representative of a member

Edward A Herman

Typed or printed name of signee

Filing Fee: $25.00