

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
 (Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
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G. MCLEOD

SEP 18 2012

EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Nestor I	_egacy 02 LLC		
3000E1.		ted Liability Company		
	f Amendment and fee(s) are sub condence concerning this matter	_		
	_	-		
		Nestor Saleta		
		Name of Person		
		•		
		Firm/Company		
	11	115 Camden Park Dr.		
	-	Address		
	V	/indermere, FL 34786		
	City/State and Zip Code			
	atlasplb@aoi.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of	all:		
	lestor Saleta	at (917) 73	31-4019	
Name	of Person	Area Code & Daytime T	elephone 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nest	or Legacy 02 LLC	···	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability	Company were filed on	7/31/2012	and assigned
Florida document number L12000098188	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compa	ny," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET AD)	DRESS)		<u> </u>
			A A
			SS -
Enter new mailing address, if applicable:			SEE 7
(Mailing address MAY BE A POST OFFICE BOX)		* **	3 1
Mulling undress MAT BE A FOST OFFICE BOAT			
			ORDE A
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter (</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street ada	lress
		, 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Nestor Saleta	11115 Camden Park Dr. Windermere, FL 34786	Add Remove
<u>MGRM</u>	Saleta Legacy LLC	11115 Camden Park Dr. Windermere, FL 34786	✓ Add ☐ Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
_	•		
Dated	9/12/2012		
	Signature of a	member or authorized representative of a member	
		Nestor Saleta	
		Typed or printed name of signee	

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Filing Fee: \$25.00