

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
·	·	•
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



000306437790

12/13/17--01014--009 \*\*30.00



O SITAMONS DEC 1 4 2017

## **COVER LETTER**

SUBJECT:	CIA LEGACY TRUST, LLC		
	Name of Lim	aited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	D. BOWMAN		
		Name of Person	
		Firm/Company	
	2363 CORTEZ WAY NE		
		Address	
	BROOKHAVEN, GA 303	19-3913	
	dallasbowman@att.net	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
for further information (	concerning this matter, please or	all:	
Dallas Bowman		404 396-6994 at ()	
Name (	of Person	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

TO:

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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GARCIA LEGACY TRUST, LLC

THE GARCIA ELGINET TROST, ELG	<del></del>
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	<u>pears on our records.</u> ) ny)
The Articles of Organization for this Limited Liability Company were filed on lorida document number L12000154848	and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	y here:
GARCIA FAMILY EMPOWERMENT TRUST, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "L.L.C." or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<b>=</b> :
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	\$ \frac{1}{2} \cdot \frac{1}{2
	27
If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the r
gistered agent and/or the new registered office address here.	
Name of Nam Povietared Agent	
Name of New Registered Agent:	
New Registered Office Address:	Florida street address
Enter	raoriaa sireet aaaress

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
			☐ Remove
			Add
			Remove
			Change
			Remove 20 Change 20
			Change Co
			☐ Remove
			☐ Change
			☐ Remove
			Change
	- <u>-</u> -		
			□ Remove
			Chenus

	<del></del>	
<u> </u>		
<del></del> -		
		7. C.
	<u> </u>	
	<del></del>	
ective date, if other than the effective date is listed, the date mu	e date of filing:  st be specific and cannot be prior to date of filing of	(optional) or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this butternent's effective date on the f		iling requirements, this date will not be listed a
record specifies a delaye he 90th day after the red		e time, at 12:01 a.m. on the earlier
ed December 12	2017	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00