114000076185

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nai | me) |
| (Do | ocument Number) |) |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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FILED 2011FEB -6 MIII: 12 SECRETARY OF STATE

K. SALY FEB - 7 2017

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|-------------------------|--------------------------------------|--|---|---|
| CIID IE | LEGAR LLO | C | | |
| SUBJE | C1: | Name of Limi | ted Liability Company | |
| | | | | |
| The enc | losed Articles of A | Amendment and fee(s) are subr | nitted for filing. | |
| Please r | eturn all correspor | ndence concerning this matter t | o the following: | |
| | | LUIS MAURICIO FERNA | NDEZ | |
| | | | Name of Person | |
| | | LEGAR LLC | | |
| | | | Firm/Company | |
| | | 5649 JOHNSON STREET | | |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | HOLLYWOOD FLORIDA | . 33021 | |
| | | | City/State and Zip Code | • . |
| | | renea873@gmail.com | o be used for future annual | |
| For fire | har information on | ncerning this matter, please ca | | c. |
| | | | | • • |
| LUIS MAURICIO FERNANDEZ | | 646 299 at () | 93634 | |
| | Name of | Person | Area Code | Daytime Telephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| ■ \$25 | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is end | Certificate of Status & |
| · | Registra Division P.O. Bo | NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314 | Registrat Division Clifton B | T/COURIER ADDRESS: ion Section of Corporations willding ecutive Center Circle |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

| | | ED |
|---------|--------|----------------------------|
| TALLAHA | ARY OF | AMII: 12 STAIC ORID: |

LEGAR LLC

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

| (A Flo | orida Limited Liability Company) | E. FLORID. |
|--|--|------------------------------|
| The Articles of Organization for this Limited Liability | y Company were filed on 05/07/2014 | and assigned |
| Florida document number L14000076185 | | |
| This amendment is submitted to amend the following | g : | |
| 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" of | or the abbreviation "L.L.C." |
| Enter new principal officés address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DDRESS) | |
| | | · |
| · | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | | |
| · . | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | enter the name of the |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | |
| •. | Enter Florida street address | |
| <u>_</u> | , Flor | |
| | City | Zip Code |

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

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------|---------------------------------------|---------------------------------------|
| MGR | JOSE VASQUEZ | 5649 JOHNSON STREET | □ Add |
| | | HOLLYWOOD FL 33021 | Remove |
| | | · · · · · · · · · · · · · · · · · · · | ☐ Change |
| MGR | LUIS MAURICIO FERNANDEZ | 5316 TAFT STREET | Add |
| | | HOLLYWOOD FL 33021 | ☐ Remove |
| | | · | ☐ Change |
| MGR | RENE ORLANDO ALFARO | 5316 TAFT STREET | ■ Add |
| | | HOLLYWOOD FL 33021 | □ Remove |
| | | <u> </u> | ————————————————————————————————————— |
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| fective date, if other than the date on effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depa | specific and canno does not meet th | ne applicable | te of filing or more | (optio than 90 days after t quirements, this | filing.) Pursuant to 60: | 5,0207 (ed as t |
| record specifies a delayed e The 90th day after the record | fective date, l is filed. | but not an | effective time | e, at 12:01 a | .m. on the earli | er of: |
| JANUARY 31 | 201 | 17 | | | | |
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Page 3 of 3

Filing Fee: \$25.00