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(Requestor's Name)	
	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Dusiness Fakita Nama)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

N COOPER APR 0 6 2018

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	LEGAR LLC Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Luis)	1. Fernandez Name of Person	
	LEGAI	2 LLC Firm/Company	
	56A9 Joh	nson street Address	
		City/State and Zip Code OMSN. Com to be used for future annual report notifi	
For further information co	oncerning this matter, please ca	all:	
Luis Ferr	Person .	at (<u>646</u>) <u>299</u> - Area Code Daytime	3634 Telephone Number
Enclosed is a check for the	e 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

TO ARTICLES OF ORGANIZATION **OF**

LEGAR LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our r Liability Company)	ecords,)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14000 ¬6 1 85</u> .	were filed on $5/h$	/2014 and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		18 AP	ALL/
			AA T
Enter new mailing address, if applicable:			RY OF SEE.
(Mailing address MAY BE A POST OFFICE BOX)		Ē	- S - S - S - S - S - S - S - S - S - S
		52	<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		cords, <u>enter the name of</u>	' the new
Name of New Registered Agent:			
New Registered Office Address:	F C		
	Enter Florida street d		
	City	_, Florida 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

$\underline{\text{or removed from our records}};$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rene O. Alfaro	Address 5649 Johnson street Hullywood, FL 33021	
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ffect	ive date, if other than the date of filing: (optional)	
an efl	ective 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 603	
ocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records.	ted as
ocum	icht's effective date off the Department of State S records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies	er o
me	90th day after the record is filed.	
	\mathcal{M}	
ated	March 31, 2018.	
	March 31, 2018.	
	Signature of a member or authorized representative of a member	
	LUIS M. Fernandez Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00