L15000086472

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration S Division of Co			
LEGACIA SUBJECT:	A SRL LLC		
SUBJECT:	Name of Lin	nited Liability Company	······································
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	IVONE SARTORI		
		Name of Person	
	C/O GUILLERMO GLEIZ	ZER	
		Firm/Company	1
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	70		
	MIAMI BEACH FL 3313	9	PX
	 	City/State and Zip Code	??
	SRGGESQ@YAHOO.COM	M	32
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
GUILLERMO GLEIZE	ER	917 539 0175 at ()	
Name	of Person		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)
MAII	LING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACIA SRL LLC		
(Name of the Limited Lis (A Flo	ability Company as it now appears on our records orida Limited Liability Company)	.)
The Articles of Organization for this Limited Liability	ty Company were filed on 05/15/2015	and assigned
Florida document number L 15000086472	<u></u> •	
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"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	The Control of the Co
	****	7
		AR 10
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX		2
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		22
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida 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

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	IVONE SARTORI	1508 BAY RD., #1227	■ Add
		MIAMI BEACH FL 33139	□ Remove
			Change
MGR	ARZU GUNES	1508 BAY RD., #1227	■ Add
		MIAMI BEACH FL 33139	□ Remove
			O Change
			PAGE PAGE 32
			Change
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fective date, if other than the in effective date is listed, the date mu ote: If the date inserted in this b icument's effective date on the E	lock does not me	et the applical	o date of filing or ble statutory fil	more than 90 days ing requirements	optional) after filing.) Pursua , this date will no	nt to 605.020 t be listed a
record specifies a delaye The 90th day after the rec	d effective date ord is filed.	te, but not	an effective	e time, at 12:0	01 a.m. on the	e earlier o
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Page 3 of 3

Filing Fee: \$25.00