

L15000086472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

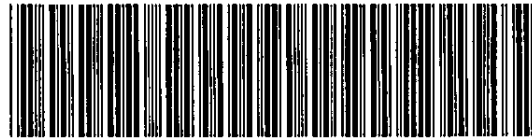
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400308925474

03/19/18--01045--017 **25.00

2018 MAR 19 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN

MAR 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEGACIA SRL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUILLERMO GLEIZER

Name of Person

LEGACIA SRL LLC

Firm/Company

345 OCEAN DRIVE, APT. 1025

Address

MIAMI BEACH FL 33139

City/State and Zip Code

SRGGESQ@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO GLEIZER

at (917) 539-0175

Name of Person

Area Code

Daytime 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)

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

FILED

2018 MAR 19 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

City

Zip Code

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSHUA SHEMTOV	735 RUE GRANVILLE	☒ Add
		APT 4	☐ Remove
		NORTH BAY VILLAGE, FL 33139	☐ Change
MGR	IVONE SARTORI	1508 BAY ROAD	☐ Add
		APT 1227	☒ Remove
		MIAMI BEACH FL 33139	☐ Change
AMBR	GUILLERMO GLEIZER	345 OCEAN DRIVE	☒ Add
		APT 1025	☐ Remove
		MIAMI BEACH FL 33139	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NO CHANGES TO THE INFORMATION IN SUNBIZ.ORG -FLORIDA DEPARTMENT OF STATE- ARE
VALID UNLESS FILED BY A DULY REGISTERED MGRM OR AMBR.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 16, 2018

Thomas Meyer
Signature of a member or authorized representative of a member

GUILLERMO GLEIZER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2018 MAR 19 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED