

L16000009018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

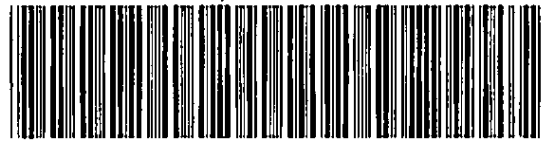
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILE
TOLSON SEC. OF COMMERCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEGIMATO 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:

MARVIN GAY

Name of Person

LEGIMATO LLC

Firm/Company

5625 Park Blvd

Address

Pinellas Park, FL 33781

City/State and Zip Code

studio273@paintingwithatwist.com

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

For further information concerning this matter, please call:

Marvin Gay

504
at ()

442-4280

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

LEGIMATO LLC

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

The Articles of Organization for this Limited Liability Company were filed on January 13, 2016 and assigned
Florida document number L16000009018

This amendment is submitted to amend the following:

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.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2598 46th Terrace N

St. Petersburg, FL 33714

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Dometrice Clemmons-Lassiter

New Registered Office Address: 2598 46th Terrace N

Enter Florida street address

St. Petersburg

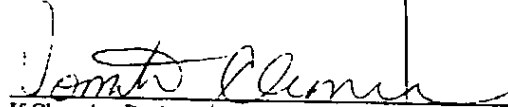
Florida 33714

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Dometrice Clemmons-Lassiter	162 Amicalola Way	<input checked="" type="checkbox"/> Add
		Jonesboro, GA 30236	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marvin Gay	801 26th Ave N	<input type="checkbox"/> Add
		St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leslie Gay	801 26th Ave N	<input type="checkbox"/> Add
		St. Petersburg, FL 33704	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Todd Owen	13021 McIntosh Ln	<input type="checkbox"/> Add
		Dover, FL 33527	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gina Tuten	13021 McIntosh Ln	<input type="checkbox"/> Add
		Dover, FL 33527	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

TALLAHASSEE, FLORIDA

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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.

Dated April 19th 2021.

Manning Gay
Signature of a member of authorized represent

Signature of a member or authorized representative of a member

Marvin J. Gay

Typed or printed name of signee

Filing Fee: \$25.00