

LLC 0000 71973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

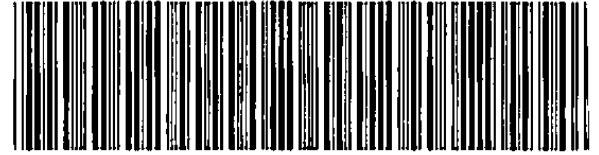
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

per Ms. Torres add suffix
LLC to name chg on
12/17/20

Office Use Only



500355234435

11/16/20--01008--025 **25.

SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV 16 PM 4:23

O SIMMONS

DEC 17 2020

TO: Registration Section
Division of Corporations

SUBJECT: LEGACY BEHAVIORAL & TRAINING SERV
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:

Dayana Ra Torres

Name of Person

Firm/Company

1879 NE 182nd St

Address

NORTH MIAMI BEACH, FL

City/State and Zip Code

DTORRESCONSULTING@gmail.com

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

For further information concerning this matter, please call:

Dayana Ra Torres

Name of Person

at (786)

Area Code

366-6455

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

TO
ARTICLES OF ORGANIZATION
OF FILED

Legacy Behavioral & Empowering Legal Serv
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2023 NOV 16 PM 4:23
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/16/2016 and assigned Florida document number L16000071973

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Jayawara Torres, Empowering Legal
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

or removed from our records.

MGR = Manager
AMBR = Authorized Member

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	2023 NOV 16 PM 4: 23	<u>Type o</u>
_____	_____	_____	SP-REP LA 11th STATE	<input type="checkbox"/> Ad
		_____	TALLAHASSEE, FL	
		_____		<input type="checkbox"/> Ren
		_____		<input type="checkbox"/> Cha
		_____		<input type="checkbox"/> Adc
		_____		<input type="checkbox"/> Ren
		_____		<input type="checkbox"/> Cha
		_____		<input type="checkbox"/> Add
		_____		<input type="checkbox"/> Rem
		_____		<input type="checkbox"/> Cha
		_____		<input type="checkbox"/> Add
		_____		<input type="checkbox"/> Remc
		_____		<input type="checkbox"/> Chan
		_____		<input type="checkbox"/> Add
		_____		<input type="checkbox"/> Remc
		_____		<input type="checkbox"/> Chan
		_____		<input type="checkbox"/> Add
		_____		<input type="checkbox"/> Remo
		_____		<input type="checkbox"/> Chang

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

FILED

2023 NOV 16 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FL

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

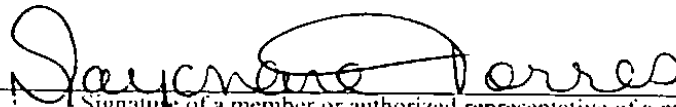
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 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 record is filed.

Dated _____

NOVEMBER 7, 2020



Signature of a member or authorized representative of a member

DAYANARA TORRES

Typed or printed name of signee