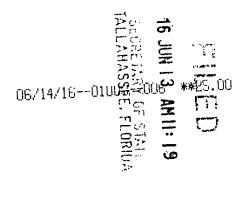
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

	Registration Sec Division of Corp			
01 ID 65	Legacy Tam	pa Holding LLC		
SUBJEC	T:	Name of Limit	ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please ret	urn all correspor	ndence concerning this matter t	o the following:	
		Linda Citara		
			Name of Person	
		Thomas Colitsas & Associa	ates, P.A.	
			Firm/Company	
103 Carnegie Center, Suite 309				
		<del></del>	Address	<del></del>
		Princeton, NJ 08540		
		<u></u>	City/State and Zip Code	
		lcitara@tcacpa.com		
		E-mail address: (t	o be used for future annual report notifi	ication)
For further	er information co	oncerning this matter, please ca	all:	
Linda Ci	tara		609 452-0889	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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:** 

TO:

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

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Tampa Holding LLC		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
(***	conduction business company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on May 17, 2016	and assigned
	<u>.</u>	
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.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)		
A. If amending name, <u>enter the new name of the</u>	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 A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	x)	<u></u>
	_	<u> </u>
		<b>16</b>
B. If amending the registered agent and/or	registered office address on our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered office	address here:	88
		EEG W
Name of New Registered Agent:		70 = 1
New Registered Office Address:		
130W Registered Office / Iddiess.	Enter Florida street address	
	_, Florid	la
<del>-</del>	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

litle	Name	Address	Type of Action
AMBR	Munira Meghi	5 Russell Place	Add
		Forest Hills, NY 11375	□ Remove
			☐ Change
AMBR	Rodolfo Valencia	5 Russell Place	
		Forest Hills, NY 11375	_□ Remove
			☐ Change
AMBR	Joumana Lollobrigida	25 Central Park West Apt #6WX	
		New York, NY 10023	☐ Remove
		**************************************	Change
<u></u>			
			AHASSE Change
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			□ Remove
			☐ Change

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			3 F. F. A.	- [""
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Effective date, if other than to (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date block does not meet the applicable st	of filing or more than 90 days after atutory filing requirements, thi	r filing.) Pursuant to 60	05.0207 sted as
the record specifies a delay ) The 90th day after the r	ved effective date, but not an e ecord is filed.	effective time, at 12:01 a	a.m. on the earl	lier of
Dated June 8	2016			
<u> </u>	TT			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00