

L18000050646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

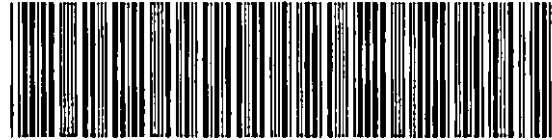
(Business Entity Name)

(Document Number)

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3-8-19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The legacy loft seven 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:

abdul barrett

Name of Person

legacy loft 7

Firm/Company

9920 nw 6 ct

Address

Pembroke Pines/florida 33024

City/State and Zip Code

legacyloft7@gmail.com

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

For further information concerning this matter, please call:

abdul barrett

954

2131827

at (_____) _____

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

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

The legacy loft seven 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 February 26, 2018 and assigned
Florida document number L18000050646.

This amendment is submitted to amend the following:

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

Legacy Loft 7 LLC

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)

9920 nw 6th ct

Pembroke Pines

florida 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9920 nw 6th ct

Pembroke pines

florida 33024

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:

abdul barrett

New Registered Office Address:

9920 nw 6th CT

Enter Florida street address

pembroke pines

City

Florida

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FALLAHASSEE COUNTY, FLORIDA

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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>
mngr	abdul barrett	9920 nw 6th ct Pembroke Pines fl 33024	☐ Add
			☐ Remove
			☐ Change
mngr	derven barrett	9920 nw 6th ct Pembroke pies fl 33024	☐ Add
			☐ Remove
			☐ Change
mngr	Stephen mais	9920 nw 6th ct Pembroke Pines fl 33024	☐ Add
			☐ Remove
			☐ Change
mrkt	Stephon mais	9920 nw 6th ct Pembroke piens florida 33024	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 FLORIDA SECRETARY OF STATE

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

just amending the name from the legacy loft seven llc to legacy loft 7 llc

2019 FEB 28 PM 6:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

February 25 2019

3. 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 February 25, 2019



Signature of a member or authorized representative of a member

abdul barrett

Typed or printed name of signee