L18000074956

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, ,	
(Document Number)	
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COVER LETTER

TO: Registration Division of C			
	LEGACY PUBLISHING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	.
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information	n concerning this matter, please c	all:	
LOVETTE DOBSON	1	888 462-3453	
Nan	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	or 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)
P.O. Box 6	on Section f Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, FL	oorations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NG LEGACY PUBLISH		
(Name of the Limited	<u>Liability Company as it n</u> Florida Limited Liability C	ow appears on our records. ompany))
The Articles of Organization for this Limited Liab Florida document number L18000074956		ed on 03/22/2018	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability con	npany here:	
CAPITAL REVENUE REALTY LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability Comp	any," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)	<u></u>	
Entagness mailing address if applicables			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	<u> </u>	Enter Florida street address	
		. Flo	rida
	City		Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		: =2
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this contains.	r and complete perfort ered agent as provide gistered office addres	nance of my duties, and d for in Chapter 605, F	d I am familt <mark>u</mark> r with and `S. Or,' if this document is

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>	Address	Type of Action
		 	□Add
			Remove
			□Change
			□Add
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d is filed. February 28 2021					
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 edge. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The effective date on the Department of State is records. The 90th day after distilled. Dated February 28 2021 Ama Blank Ama Blank					
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Filing Fee: \$25.00