Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGACY TAX, INC. Account Number : I20120000069

Phone : (561)683-3000

Fax Number : (561)965-0938

Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.

Email Address: IFGACTTAXCORPS@GHAILCOM

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Corporate Filing Menu

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06/20/2018 07:40 AM PDT

TO:18506176383 FROM:5619650938

COVER LETTER

TO: Registration Division of C				
SUBJECT: MO	NTIJO GROUI	P, LLC.		
	Nan	ne of Limited Liability	Company	
Dear Sir or Madam:	•			
The enclosed Stateme	ent of Correction and fee(s) are	submitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
ARNALD	O COUCELO			
	Name of Person			
LEGACY	TAX, INC.			
	Firm/Company			
1601 BEL\	VEDERE RD, S	TE 403S		
	Address	· · · · · · · · · · · · · · · · · · ·		
WEST PA	LM BEACH, FL	33406		
<u></u>	City/State and Zip Code			
LEGACYTAX	CORPS@GMAIL.C	MC		
E-mail address	(to be used for future annual re	port notification)		
For further informati	on concerning this matter, plea-	se call:		
ARNALD	O COUCELO	561	683-3000	
Na	me of Person	Area Code	Daytime Telephone Number	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 dlahassee, Florida 32314	
Enclosed is a check for the following amount:				
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)				

06/20/2018 07:40 AM PDT TO:18506176383 FROM:5619650938

EFO[33160081)+

STATEMENT OF CORRECTION FLOREDA OR FOREIGN LIMITED LIABILITY COMPANY

FCO THIRI	ARTICLES III IV AND V	852		
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STAT	'EMENT		
×	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, a statement are as follows:	and the corrected		
	NAME OF REGISTERED AGENT ON ARTICLE III SHOULD REA	AD		
	"DR. HARVEY E. MONTIJO" AND NAME OF FIRST MANAGER	3 n.C		
	SHOULD READ "DR. HARVEY E. MONTIJO"	· - ,		
	O.R.	A 50 50		
E .	Was defectively signed. The manner in which the document was defectively signed and the appas follows:	propriate correction		
	CORRECT SIGNATURE SHOULD READ "DR. HARVEY E. MONTIJO"			
	ON ARTICLE III AND ARTICLE V	2: 5:		
	<u>OR</u>			
	The electronic transmission of the record was defective.			
	Signature of Authorized Representative Date	-18		
	Signature of Authorized Representative Date			
	ature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new repairs the designation).	gistered agent must :		
I her prov obli refli	A Registered Agent's Signature, if changing Registored Agent: weby accept the appointment as registered agent and agree to act in this capacity. I further agree to visions of all statutes relative to the proper and complete performance of my duties, and I am famili- gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document act a change in the registered office address, I hereby confirm that the limited liability company has this change.	liar with and accept it is being filed to m		
	Registered Agent's Signature	-		
	Magnitud Afford & 2. Strategy			

Buchanan Ingersoll & Rooney PC

Address: 401 E. Jackson Street, Suite 2400

Tampa, FL 33602

Fax Number: (813) 223-6121

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW.

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	FAX COVER SHEET Please deliver the following materials as soon as possible. —	
Florida Division of Corporations	(850) 617-6383	
FROM Thelma Poston Telephone #	#: <u>(813) 769-7718</u>	Date <u>6/20/2018</u>
Additional Comments or Instructions: Attached are copies of the fax confirmation sheet, fax audit of Organization for Shadow Woods Lots, LLC, which were subthis morning that the originally faxed documents were not rewith the June 14, 2018 effective date.	mitted on June 14, 2018. Karer	n, with your office, advised
If you have any questions, please let me know.		
Thanks.		
Return Originals to: Thelma Poston	Floor No.	