

L18000181509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/18--01040--007 **25.00

2018 SEP 20 PM 1:48
SECRETARY OF STATE
COMMONWEALTH OF MASSACHUSETTS

FILED

M. MILLIGAN

SEP 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2018

ASSET LEGACY GROUP, LLC
ATTN: YUNIOR RIVERO
3750 GUNN HWY, STE 208
TAMPA, FL 33618

SUBJECT: ASSET LEGACY GROUP, LLC
Ref. Number: L18000181509

We have received your document for ASSET LEGACY GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 118A00018668

NOTE: ENCLOSED CHECK FOR \$25.00 WAS SENT ALREADY
WITH FIRST DOCUMENT.

THANKS.

2018 SEP 20 PM 9:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSET LEGACY GROUP 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:

YUNIOR RIVERO
Name of Person
ASSET LEGACY GROUP LLC
Firm/Company
3750 GUNN HWY, SUITE 208
Address
TAMPA, FL 33618
City/State and Zip Code
YUNIOR76@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YUNIOR RIVERO at (813) 758-3704
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2010 SEP 20 PM 1:48

SECRETARY OF STATE
TAMPA, FLORIDA 33602

ASSET LEGACY GROUP 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 7/30/18 and assigned
Florida document number L18000181509.

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)

3750 GUNN HWY, SUITE 208
TAMPA, FL 33618

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3750 GUNN HWY, SUITE 208
TAMPA, FL 33618

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:

New Registered Office Address:

Enter Florida street address

Florida

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, 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>
MGR	YUNIOR RIVERO	3750 GUNN HWY, STE 208	<input checked="" type="checkbox"/> Add
		TAMPA FL 33618	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 605.0207 (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 9/18, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

Typed or printed name of signee

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Filing Fee: \$25.00

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2010 SEP 20 PM 1:49
SCOTT COUNTY, IOWA
CLERK OF COURT