

L20 0000 67911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

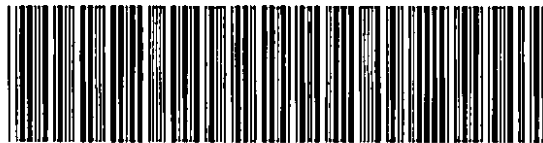
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DEPARTMENT OF
TREASURY OF FLORIDA
TALLAHASSEE, FLORIDA

2020 AUG -7 AM 8:25

FILED

SEP 25 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADANTO LEGACY 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:

Adler Julien
Name of Person

ADANTO LEGACY GROUP LLC
Firm/Company

7118 W. MCNAB RD
Address

Tamara C, FL 33321
City/State and Zip Code

charms33127@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adler Julien at (954) 297-5156
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ADANTO LEGACY 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 03/02/2020 and assigned
Florida document number L20000067911.

This amendment is submitted to amend the following:

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

ADANTO LEGACY GROUP 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)

7118 W. MCNAB RD

TAMARAC FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7118 W. MCNAB RD

TAMARAC FL 33321

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:

Adler Julien

New Registered Office Address:

7118 W. MCNAB RD

Enter Florida street address

Tamarac

City

, Florida

33321

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.

Adler Julien

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	Adler Julien	7118 W MCNAB RD	<input checked="" type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TONIKA Julien	7118 W MCNAB RD	<input checked="" type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TEVLIN PETIT-FRERE	7118 W. MCNAB RD	<input checked="" type="checkbox"/> Add
		Tamarac, FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

EIN # 85-0801546

E. Effective date, if other than the date of filing: 7/29/2020 11pm (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 7/29/2020, 11:00pm.

Adler Julien

Signature of a member or authorized representative of a member

Adler Julien

Typed or printed name of signee