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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Legacy LLC
Name of Limited Liability Company

... and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Troy B Adams
Name of Person

New Legacy LLC
Firm Company

14901 SW 4th St Apt 14A
Address

Pembroke Pines, FL 33027
City State and Zip Code

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

For further information concerning this matter, please call

Troy Adams at 305 773-5629
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)
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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

New 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 3/27/20 and assigned
Florida document number L20000091590.

This amendment is submitted to amend the following:

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

New Legacys LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14901 SW 4th St Apt 14A
Pembroke Pines, FL 33027

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14901 SW 4th St Apt 14A
Pembroke Pines, FL 33027

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:

Troy B Adams JR

New Registered Office Address:

14901 SW 4th St Apt 14A

Enter Florida street address

Pembroke Pines

City

Florida

33027

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(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).

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 June 25, 2020

Signature of a member or authorized representative of a member

Troy Adams
Typed or printed name of signee