

L20 000 109 335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

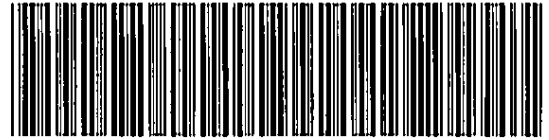
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200344941022

05/21/20--01008--021 \*\*25.00

FILED  
2020 JUL -6 AM 8:13  
JUL 10 2020

Statement Corr

AUG 11 2020  
ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Legatum Futurum Investment Group LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dense Dore

\_\_\_\_\_  
Name of Person

Legatum Futurum Investment Group LLC

\_\_\_\_\_  
Firm/Company

3025 NW 68th Street

\_\_\_\_\_  
Address

Ft. Lauderdale, 33309

\_\_\_\_\_  
City/State and Zip Code

ddore@ifinvestmentgroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denese Dore

954

937-2814

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (9/15)

**RECEIVED**

JUL 06 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2020

DENSE DORE  
3025 W 68TH STREET  
FT. LAUDERDALE, FL 33309

SUBJECT: LEGATUM FUTURUM INVESTMENT GROUP LLC  
Ref. Number: L20000109335

We have received your document for LEGATUM FUTURUM INVESTMENT 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 320A00011592

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Legatum Futurum Investment Group LLC

**SECOND:** The Florida Document number of the limited liability company is: \_\_\_\_\_

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Name of the Vice President is incorrect it was entered as Jennifer Laggen Taylor the Correct name is

Jennifer Taylor Laggan

**OR**

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

☐ The electronic transmission of the record was defective.

Jennifer Taylor Laggan

Signature of Authorized Representative

05/15/2020

Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

Jennifer Taylor Laggan  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)