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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Amend

JUN 29 7070 I ALBRITTON

COVER LETTER

Divisi	ion of Cor	porations	• .	
	LEGACY	FARMS GROUP LLC		
SUBJECT: _			·	<u>·</u>
		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		TAMIEKA RANGE		
			Name of Person	
		RANGE LAW FIRM		
			Firm/Company	
		7501 CITRUS AVE, 1191		
			Address	
		GOLDENROD, FL 32733	3	
		T.RANGE@RANGELAW	City/State and Zip Code FIRM.COM	
		E-mail address: (to be used for future annual report noti	fication)
For further info	ormation co	oncerning this matter, please ca	all:	
TAMIEKA R	ANGE		407 502-7626	
			at ()	<u></u>
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a c	beck for th	e following amount:		
		_	□ #66.00 E''' E 0	□ 6 <0.00 PW - 12
■ \$25.00 Fil	ing ree	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Addres		Street Address:	
Regi	stration S	section	Registration Se	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Registration Section

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



Division of Corporations

June 17, 2020

TAMIEKA RANGE RANGE LAW FIRM 7501 CITRUS AVE 1191 GOLDENROD, FL 32733

SUBJECT: LEGACY FARMS GROUP, LLC

Ref. Number: L20000112543

We have received your document for LEGACY FARMS 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):

Please verify whether or not you wish to change the registered agent information as there's a signature in the space provided for the new registered agent but you did not list the name and location of the registered agent.

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.

Letter Number: 920A00011993

Irene Albritton Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACY FARMS GROUP, LLC

(A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
	4/27/2020
The Articles of Organization for this Limited Liability	Company were filed on and assigned
Florida document number 1.20000112543	
This amendment is submitted to amend the following:	Company were filed on 4/27/2020 and assigned
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Page 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new registe
agent and/or the new registered office address here	
agent and/or the new registered office address here	g:
agent and/or the new registered office address here Name of New Registered Agent:	
agent and/or the new registered office address here Name of New Registered Agent:	g:

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 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> AMBR	<u>Name</u> ERIK RANGE	Address 7501 CITRUS AVE, 1291 GOLDENROD, FL 3273.	Type of Action
	EMIN KANGIS		
	·		□Remove
			Change
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			□Remove
			Change
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f an effo	ce date, if other than the date of filing:
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