K20000 193794

(Danis Andri Maria)
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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A. BUTLER JAN 26 2022

COVER LETTER

	egistration Se ivision of Cor			
CHDIFCT		CAPITAL INVESTMENT AN	D AQUISTION LLC	
SUBJECT	;	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		JOSE OMAR REYNOSO		
		•	Name of Person	
			Firm/Company	
		3175 FOX SQUIRREL DE		
			Address	
		ORANGE PARK FL 3207	3	
			City/State and Zip Code	
		JOSE@LEGACYCAPITAI		
		E-mail address: (to be used for future annual report notifica	tion)
For further	information c	oncerning this matter, please ca	nll:	
JOSE REY	'NOSO		904 329-6271 at ()	
	Name of	f Person		elephone Number
Enclosed is	s a check for th	ne 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)
Mailing Address: Registration Section			Street Address: Registration Section	on
	ivision of C		Division of Corpo	
	O. Box 632		The Centre of Tall	
13	allahassee, I	*L 32314	2415 N. Monroe S	street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGACY CAPITAL INVESTMENT AND	
(<u>Name of the Limited Liabil</u> (A Florid	da Limited Liability Company)
The Articles of Organization for this Limited Liability Colorida document number L2000193794	Company were filed on $\frac{07/08/2020}{0.0000} = \frac{0.0000}{0.0000}$ and assign
lorida document number	 -
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the lim	nited liability company here:
EGACY CAPITAL INVESTMENT AND AQUISITION	LLC
he new name must be distinguishable and contain the words "Lin	mited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registere	ed office address on our records, enter the name of the new re
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
1.1011 INSUBILITIES OF THE PROPERTY.	Enter Florida street address
	الأرام الأرام
	

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 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>	Name	Address	Type of Action
			□ Remove
			□Change
			□ Add
			□ Renюve
			□Change
			□Add
			ПRепюче
			□ Change
			□Add
			□Remove
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			Add
			□ Parvava

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