

L21000021707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

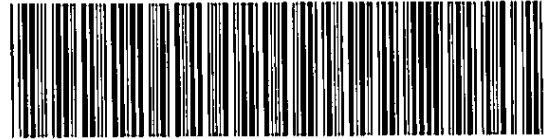
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S TALLENT
MAY 04 2021

2021-05-07 10:12:25

Paul



RECEIVED

2021 APR -7 PM 12:23

FLORIDA DEPARTMENT OF STATE
Division of Corporations TALLAHASSEE, FL

March 26, 2021

MARIE PAUTOT
34440 OAK AVE
LEESBURG, FL 34788

SUBJECT: LCCW LEGACY CLASSIC CHAMPIONSHIP WRESTLING LLC
Ref. Number: L21000021707

We have received your document for LCCW LEGACY CLASSIC CHAMPIONSHIP WRESTLING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

ON THE AUTHORIZED PERSON DETAIL PAGE, PLEASE USE THE TITLES OF MGR OR AMBR. PLEASE AMEND ACCORDINGLY AND RESUBMIT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 521A00006364

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LCCW Legacy Classic Championship Wrestling 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:

Marie Munro-Pautot
Name of Person

LCCW Legacy Classic Championship Wrestling LLC
Firm/Company

14125 NE 180th St
Address

Waldo FL 32694
City/State and Zip Code

LCCW21@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Munro at (352) 478-5728 / 352-478-5952
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)

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**

LCCW Legacy Classic Championship Wrestling 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 1-08-2021 and assigned Florida document number L 21000021707

This amendment is submitted to amend the following:

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

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)

14125 NE 180th St

Waldo FL 32694

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

[illegible]

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

Article II Please Change Address (we moved)

* new address: 14125 NE 180th St
Waldo FL 32694

Article III Remove ^{David's} information - Please Put

* new information as:
Richard MUNRO is To Take over the
ownership of the Company if an When
The Passing of Marie munro-Pautot.

Article IV need to Change address Plus
I was told that I have to use my full Last

* Name: Marie MUNRO - PAUTOT
14125 NE 180th St
Waldo FL 32694

I only Sign Name with Pautot all the Time

E. Effective date, if other than the date of filing: 01-31-2021 (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 April 5, 2021.

Marie Pautot

Signature of a member or authorized representative of a member

MARIE MUNRO - PAUTOT

Typed or printed name of signer