L21000027368

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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE		VS LEGACY LLC			
SUBJE	CI	Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Manuel Martinez Fernando	sz.		
			Name of Person		
		GRANDPA'S LEGACY L	LC		
			Firm/Company	·	
		1115 Venetia St			
Address					
		Lehigh Acres, Florida 339	74		
			City/State and Zip Code	- <u> </u>	
		yadiraperez2014@yahoo.co			
For furt	her information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	otification)	
	Martinez Fernan		305 7613623		
	Name o	of Person		ime Telephone Number	
Enclose	d is a check for t	he 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		Street Address:	inction	
	Division of C		Registration Section Division of Corporations		
	P.O. Box 632	27	The Centre of	Tallahassee	
	Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 1 L. L. OF 2023 JUL 17 AM 7:01

GRANDPA'S LEGACY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L21000027368</u>	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited 1	iability company her	<u>e</u> :
n/a			
The new name must be distinguishable and contain the	vords "Limited Li	ability Company," the des	ignation "L1.C" or the abbreviation "L.1C."
Enter new principal offices address, if applied	cable:	n/a	
(Principal office address MUST BE A STREI	ET ADDRESS	•	
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered offices	ce address on our rec	ords, enter the name of the new registere
agent and/or the new registered office addre	33 HC1 C.		
Name of New Registered Agent:	ា√ដ		
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	n/a n/a	Enter Floria	a street address
-			
-	n/a		a street address, Florida ^{n/a} Zip Code
-	n/a n/a	City	

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
AMBR	Luis Manuel Martinez Fernandez	661 20th ST NE Naples FL 34120	∃ Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
			Remove
			🗆 Add
			□Remove
			
		-	
			□Change

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n elle <u>ite:</u>	ve date, if other than the date of filing: (optional) extive 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
ecore is fil	I 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 ed.
	July 13th 2023
ted _	<u> </u>
ted _	- Witherthe
ted [Signature of a member or authorized representative of a member

Filing Fee: \$25.00