LZI 000 143194

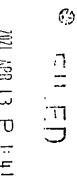
| (Requ | uestor's Name) | |
|----------------------------|----------------|-------------|
| (Addr | ess) | <u></u> |
| (Addr | ess) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Docu | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| | | |





600363522476

04/13/21--01026--023 **30.00





COVER LETTER

| | Registration Sec Division of Corp | | | |
|------------|--|--|---|--|
| SUB IEC | ROBBÍN L | EGACY LLC | • | |
| SUBJEC | ·· | | nited Liability Company | |
| The enclo | osed Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please ret | urn all correspon | ndence concerning this matter | to the following: | |
| | | FRANCISCO JAVIER M | OSQUERA PIMIENTOS | |
| | | | Name of Person | |
| | | ROBBIN LEGACY LLC | | |
| | | | Firm/Company | |
| | | 450 SW 3RD STREET U | NIT 7 | |
| | | | Address | |
| | | MIAMI FL. 33130 | | |
| | | - | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notific | ation) |
| For furthe | er information co | oncerning this matter, please c | · | , |
| | | OSQUERA PIMIENTO | 754 581 0640 | |
| | Name of | Person | at () Area Code Daytime 7 | Telephone Number |
| Enclosed | is a check for the | e following amount: | | |
| □ \$25.0 | 0 Filing Fee | ■ \$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 exposed) |
| | | | | APR |
| F E | <u>Mailing Address</u> Registration S Division of Co | ection orporations | Street Address: Registration Secti Division of Corpo | ion To |
| | P.O. Box 6327 Fallahassee, F | | The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3 | Street, Suite 810 💆 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ROBBIN LEGACY LLC | | | | | |
|--|---|---|-------------------------------|--------------------|--|
| (Name of the Lin | ited Liability Comp (A Florida Limited | any as it now appears o Liability Company) | on our records.) | | |
| The Articles of Organization for this Limited | Liability Company | were filed on $\frac{03/26}{}$ | /2021 | _ and assigned | |
| Florida document number | · | | | | |
| This amendment is submitted to amend the fo | llowing: | | | | |
| A. If amending name, enter the new name | of the limited liab | oility company here | : | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the desi | gnation "LLC" or the abbre | viation "L.L.C." | |
| Enter new principal offices address, if applicable: | | 450 SW 3RD STREET UNIT 7 | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | MIAMI FL. 33130 | | | |
| | | US | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office address | registered office a ess here: | address on our reco | ords, <u>enter the name o</u> | f the new register | |
| Name of New Registered Agent: | FRANCISCO J | AVIER MOSQUERA | PIMIENTO | | |
| New Registered Office Address: | 2851 SW 3RD | STREET APT. 7 | | | |
| | | Enter Florida | street address | | |
| | HOLLYWOOD |) | Florida 33020 | <u>Co</u> | |
| New Registered Agent's Signature, if changing | Danishan da a | City | , Florida 33020 | Zift Code | |
| | | | | 室 - 7 | |
| I hereby accept the appointment as register provisions of all statutes relative to the prop | ed agent and agre per and complete | ee to act in this cap | acity. I further agree | to comply Swith th | |

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.

Francisco Javier Mosquera Piniento
If Changing Registered Agent, Signature of Olew 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 |
|--------------|---------------------------|---------------------------|----------------|
| MGR | FRANCISCO J. MOSQUERA PIM | 2851 SW 3RD STREET APT. 7 | □ Add |
| | | HOLLYWOOD FL. 33020 | □Remove |
| | | | ■Change |
| AMBR | LAURA J. MOSQUERA PIMIENT | 450 SW 3RD STREET UNIT 7 | □Add |
| | | MIAMI FL. 33130 | □ Remove |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | <u> </u> | ≧_□Add |
| | | | Remove |
| | | - | U Ghange |
| | | ·· | E □Add |
| | | | □Remove |
| | | | □Change |

| in the application we put Ja | avier Francisco Mosquera Pinto, but the | correct name is | |
|--------------------------------------|--|---|--------------------------|
| Javier Francisco Mosquera | Pimiento. | | |
| And AMBR we put Laura . | Juliana Mosquera Pinto, but the last nam | e is wrong. | |
| The correct name is Laura. | Juliana Mosquera Pimiento. | | |
| | | | |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | <u>_</u> |
| | | | |
| | | | |
| _ | | | |
| | | | |
| | 04/01/2021 | | |
| tive date, if other than the | ist be specific and cannot be prior to date of fil | (optional) ling or more than 90 days after filing.) Pt | nizmin to 6 |
| nent's effective date on the E | clock does not meet the applicable statute. Department of State's records. | | Il no t be li |
| rd specifies a delayed effectiviled. | ve date, but not an effective time, at 12:0 | | Oth day at |
| APRIL I | 2021 | | |
| | rancisco Javier Mosqui Signature of a mymber or authorized spres | 0 | |

Filing Fee: \$25.00