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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor		,	
HMC LEG			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARILU COSTA		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	HMC, LEGACY, LLC		
		Firm/Company	
	6800 NW 39TH AVE LOT	ľ 50	
		Address	
	COCONUT CREEK, FL 3	3073	
	A	City/State and Zip Code	
	MARILU0707@OUTLOO	K.COM to be used for future annual report noti	lication)
For further information c	oncerning this matter, please ca	all:	
MARILU COSTA		786 351-7505	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 enclosed)
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMC LEGACY, LLC

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

(A FR	irida Limited Liab	olity Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{1.21000149120}{1.000149120}$		ere filed on MARCH 31, 202	and assigned
This amendment is submitted to amend the following	3.		
A. If amending name, enter the new name of the l	limited liabilit	v company here:	
The new name must be distinguishable and contain the words "l	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 AD	DDRESS) _		
	-	·····	
Enter new mailing address, if applicable:	_		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	_		
	_		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		lress on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addres	×××
<u> </u>			orida
		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 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
MGRM	MARILU COSTA	6800 NW 39TH AVE LOT 50	= Add
		COCONUT CREEK, FL 33073	□Remove
AMBR	HELIS COLLADO	6800 NW 39TH AVE LOT 50	
		COCONUT CREEK, FL 33073	≅ Remove
			□Change
MGRM	HELIS COLLADO	6800 NW 39TH AVE LOT 50	
		COCONUT CREEK, FL 33073	□Remove
			□Change
			□Add
			Remove
			□ Change
	·	<u> </u>	□Add
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ffective date, if other tha	in the date of filin	g:	(optional)	
an effective date is listed, the date of the date inserted in	ate must be specific and this block does not a	d cannot be prior to date	of filing or more than 90 day:	after filing.) Pursuant to 6	05.0207
ocument's effective date on	the Department of	State's records.	addity time requirement	s, ans date will not be t	isicu as
record specifies a delayed e	ffective date, but no	t an effective time, at	12:01 a.m. on the earlier of	of: (b) The 90th day at	iter the
is filed.					
ated MAY 11	· ^ -	_2021			
	7/16			5.5	
11 // ~ \	. / 1 1 /2.				
Main		W)		•	Ŧ

Typed or printed name of signee