

L21000200622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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2021 JUL -9 A 11:24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEGACY REI GROUP 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:

RAVEN LEWIS

Name of Person

LEGACY REI GROUP LLC

Firm/Company

4912 SW 32ND WAY

Address

FORT LAUDERDALE FL 33312

City/State and Zip Code

info@legacyrei.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAVEN LEWIS

321

437-5027

at ( )

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**

LEGACY REI GROUP 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 03/26/2021 and assigned  
Florida document number W21000040283.

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)**

1221 Brickell Key Drive

Suite 900

Miami, FL 33131

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1221 Brickell Key Drive

Suite 900

Miami, FL 33131

**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:

RAVEN LEWIS

New Registered Office Address:

4912 SW 32ND WAY

*Enter Florida street address*

FORT LAUDERDALE

*City*

Florida 33312

*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**

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	RAVEN LEWIS	4912 SW 32ND WAY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Change
MGRM	FRANCISCO ALVAREZ	4912 SW 32ND WAY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Change
MGR	ANDRE HILL, JR	850 Perth Place	<input type="checkbox"/> Add
		#304	<input checked="" type="checkbox"/> Remove
		Kissimmee, FL 34758	<input type="checkbox"/> Change
AMBR	ALISHA JACOBS	850 Perth Place	<input type="checkbox"/> Add
		#304	<input checked="" type="checkbox"/> Remove
		Kissimmee, FL 34758	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

7021  
P.H.

(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)

7/27/94 A 11:34

Dated JULY 7, 2021

Ruby Lewis

RAVEN LEWIS

**Filing Fee: \$25.00**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUL -9 AM 9:41

June 29, 2021

RAVIN LEWIS  
850 PERTH PLACE  
#304  
KISSIMMEE, FL 34758

SUBJECT: LEGACY REI GROUP LLC  
Ref. Number: L21000200622

We have received your document for LEGACY REI GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Summer Chatham  
OPS

Letter Number: 121A00014746

2021 JUL -9 AM 11:24