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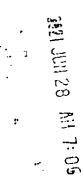
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COVER LETTER

Division of Corporations .	:
SUBJECT: LEGATUM IMPERATORIA 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:	
Demetrius L. Brooks	
LEGATUM IMPERATORIA LLC Firm/Company	
1045 NE 131 st. Street, Ap+ #3	
North Miam's FL, 33161 City/State and Zip Code	
Mrdlbrks og mail, com 13-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Demotoius L. Brooks at (786) 286-0706 Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
▼ \$25,00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	Status &
Mailing Address: Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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**

LEGATUM IMPERA	TORJA 31212 60 AM 7:05
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000274261</u> .	were filed on <u>Tune 14, 2021</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida _

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 2921 351 28 81 7: 06	Type of Action
CED_	Demetrial Brooks	1045 NE 131st street	□Add
		Apt # 3 North Micmi, FL 33161	Remove
			□Change
MGR	Demetrius Boools	1045 NE 131st Street Apt #3	XAdd
		North Micmi, Fl 33161	□Remove
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n effective date te: If the date	is listed, the date e inserted in thi	the date of fili must be specific a s block does no e Department o	ind cannot be t meet the ap	prior to date of oplicable stati	filing or more t	(option han 90 days after quirements, this	filing.) Pursua	ant to 605.0207 at be listed as
ecord specifies is filed.	s a delayed effe	ctive date, but n	ot an effecti	ive time, at 12	:01 a.m. on t	ne earlier of: (b) The 90th	day after the
icd <u>June</u>	e 23. d	MZ	:	authorized rep	resentative of a	member		
	Demet	rius 1	- · J	Stocks printed name of	Sciance			