

1210000333827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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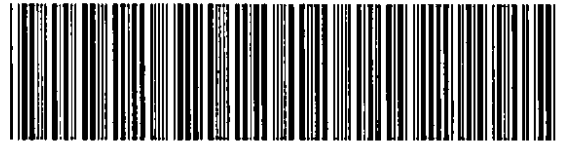
(Business Entity Name)

(Document Number)

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PRICE
OCT 25 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WR LEGACY 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:

CRISTIANE OLIVEIRA SILVA

Name of Person

CKO FINANCIAL GROUP LLC

Firm Company

1821 PLUMAS WAY

Address

ORLANDO - FL - 32824

City/State and Zip Code

CKOFINANCIALSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

Name of Person

at ()

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

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TALLAHASSEE, FL
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WR LEGACY 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 07/22/2021 and assigned
Florida document number L21000333827.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MGR - DE MATOS GARRUGIO, LUDHIANA ETHEL - REMOVE

MGR - KENDRICK SILVA, WESLEY - REMOVE

MGR - K. DE MATOS SILVA, WILLIAM VICTOR - REMOVE

MGR - DE MATOS SILVA, WILSON - REMOVE

MGR - DE MATOS SILVA FILHO, WILSON - REMOVE

AMBR - DE MATOS GARRUGIO, LUDHIANA ETHEL - ADD

AMBR - KENDRICK SILVA, WESLEY - ADD

AMBR - K. DE MATOS SILVA, WILLIAM VICTOR - ADD

AMBR - DE MATOS SILVA, WILSON - ADD

AMBR - DE MATOS SILVA FILHO, WILSON - ADD

E. Effective date, if other than the date of filing: _____ (optional)

(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.) Paragraph 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed

Dated October 07th

2021



Signature of a member or authorized representative of a member

WILSON DE MATOS SILVA

Typed or printed name of signer

Filing Fee: \$25.00

2021 OCT 15 PM 5:15
TALLAHASSEE, FL
SECRETARY OF STATE

FILED