

L21000342709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LEGACY THERAPY 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:

VANESSA MATUTE

Name of Person

LEGACY THERAPY LLC

Firm/Company

4300 N UNIVERSITY DR. STE F-100 #A117

Address

SUNRISE, FL 33351

City/State and Zip Code

vanesak218@gmail.com

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

For further information concerning this matter, please call:

VANESSA MATUTE

561

961-8785

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 THERAPY 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 07/29/2021 and assigned  
Florida document number L21000342709.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NOT APPLICABLE

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:**

NOT APPLICABLE

**(Principal office address MUST BE A STREET ADDRESS)**

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

NOT 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: VANESSA MATUTE

New Registered Office Address: 4300 N UNIVERSITY DR., STE F-100 #A117  
*Enter Florida street address*

SUNRISE, Florida 33351  
*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

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>
MGR	VANESSA ISIDRON	4300 N UNIVERSITY DR.	<input type="checkbox"/> Add
		STE F-100 #A117	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33351	<input type="checkbox"/> Change
AMBR	VANESSA ISIDRON	4300 N UNIVERSITY DR.	<input type="checkbox"/> Add
		STE F-100 #A117	<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33351	<input type="checkbox"/> Change
MGR	VANESSA MATUTE	4300 N UNIVERSITY DR.	<input checked="" type="checkbox"/> Add
		STE F-100 #A117	<input type="checkbox"/> Remove
		SUNRISE, FL 33351	<input type="checkbox"/> Change
AMBR	VANESSA MATUTE	4300 N UNIVERSITY DR.	<input checked="" type="checkbox"/> Add
		STE F-100 #A117	<input type="checkbox"/> Remove
		SUNRISE, FL 33351	<input 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

NOT APPLICABLE

—

(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)

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 12/18/23 .           

Signature of a member or authorized representative of a member

VANESSA MATUTE

Typed or printed name of signee