

L21000431146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

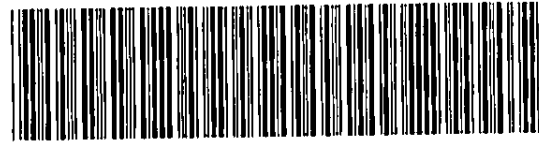
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



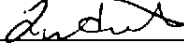
900431179949

2024 JUN 24 PM 10:05

RECEIVED  
2024 JUN 24 PM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$30.00

AUTHORIZATION SIGNATURE:   
Legacy Group Renovation, LLC L21000431146  
BUSINESS ( Name) Document #

☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait \_\_\_\_\_  
☐ Photocopy

☐ Certified copies of:

☒ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ LLLP

INC

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( ) \_\_\_\_\_  
Country

**AMMENDMENTS**

☒ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Conversion

**REGISTRATION/QUALIFICATIONS**

☐ Foreign Filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LEGACY GROUP RENOVATION, 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:

MARIA M. CALDAS-LOPES

\_\_\_\_\_  
Name of Person

MADE IN BRAZIL SERVICES

\_\_\_\_\_  
Firm/Company

2950 WINKLER AVENUE SUITE 501

\_\_\_\_\_  
Address

FORT MYERS, FLORIDA, 33916

\_\_\_\_\_  
City/State and Zip Code

MADEINBRAZILSERVICES@HOTMAIL.COM

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

000000

For further information concerning this matter, please call:

MARIA M CALDAS-LOPES

239 810-6079

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 GROUP RENOVATION, 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 10/01/2021 and assigned  
Florida document number L21000431146.

This amendment is submitted to amend the following:

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

D.L.P. SERVICE GROUP, LLC.

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*

*City*

*, Florida*

*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**

[illegible]

974-10

1000

**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.

Dated 06/18 2024

\_\_\_\_\_

Signature of a member or authorized representative of a member

*[Signature]*

tulio costa FREITAS

Typed or printed name of signee

DIOGO LAURINDO PEREIRA

**Filing Fee: \$25.00**