4/14/22, 3:57 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

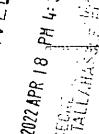
Account Name : UNITED TITLE TEAM LLC

Account Number : I20210000119 Phone : (786)816-4328 Fax Number : (786)513-4650

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

bestvaluetitle@gmail.com



## COR AMND/RESTATE/CORRECT OR O/D RESIGN **GM3 LEGACY INVESTMENT LLC**

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## COVER LETTER

TO: Registration So Division of Con			
otto trzer.	GM3 LEGA	CY INVESTMENT LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
		CAROLINA GRACIANO	
		Name of Person	
		Firm/Cympany 29627 JUNTTI PARK CT	
		Address	<del></del>
		KATY, TX 77494	
		City/State and Zip Code	
	UNITED	OTITLETEAMLLC@GMAIL.CO	DM .
	E-mail address: (	to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
CAROL	INA GRACIANO	786 at ( )	2456947
Name (	of Person	Area Code Daysi	me Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration S	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee.	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

Page, 3 of 5

SECRETARY OF STATE TALLAHASSEE, FL GM3 LEGACY INVESTMENT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 11/18/2021 The Articles of Organization for this Limited Liability Company were filed on \_ \_\_ and assigned L2100049680S Florida document number 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 "LLC." 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 Cuy 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

From: Best Value Title

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIN DUQUE GLADYS		□Add
		29627 JUNTTI PARK CT, KATY, TX 77494	屬Remove
			□ Change
MGR	GRACIANO MARIN FEDERICO		□Add
		29627 JUNTTI PARK CT, KATY, TX 77494	= Remove
			□ Change
MGR	GRACIANO MARIN MATEO		
		29627 JUNTTI PARK CT, KATY, TX 77494	≣Remove
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From: Best Value Title

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Effective date, i	other than the date listed, the date must be sp	of filing:		line or more than 9	(optional)	resument to 605 0207
Note: If the date	inserted in this block do	es not meet the	applicable statute	ory filing require	ments, this date wi	Il not be listed as:
document's effec	ive date on the Departm	ient of State's re	cords.			
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