## 422000034467

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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	Office Use Or	



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2022 APR -1 AM 9:51
SECRETARY OF STATE
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FLORIDA DEPARTMENT OF STATE

2022 APR - I AM 7: 58

Division of Corporations ECRETAL / GF STATE TALLAHASSEE, FL

March 14, 2022

LUCAS E PIERRE 341 SE 8TH CT POMPANO BEACH, FL 33060

SUBJECT: PIERRE LEAGCY LLC

Ref. Number: L22000034467

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

L21000427325- PIERRE LEGACY, LLC

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 922A00005992

Querida R Silas Regulatory Specialist II

## **COVER LETTER**

Registration Section

TO:

Div	ision of Cor	porations		
	PIERRE LE			
SUBJECT:		Name of Lim	nited Liability Company	····
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Lucas E Pierre		
			Name of Person	
			Firm/Company	
			Address	
		341 SE 8TH CT		
		Pompano Beach, Florida, 3.	City/State and Zip Code 3060	
		E-mail address: (	to be used for future annual report no	tification)
For further is	nformation c	oncerning this matter, please c	all:	
Lucas E Piei	гге		754 3325189	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 E	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)
	iling Addres gistration S		Street Address: Registration S	ection
		orporations	Division of Co	
P.C	D. Box 632	7	The Centre of	Tallahassee
Tal	llahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIERRE LEAGCY LLC

2022 APR -1 AM 9:51

(Name of the Limited Liability Company as it now appears on our records by OF STATE

(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEE.FL The Articles of Organization for this Limited Liability Company were filed on January 18th 2022 and assigned Florida document number L22000034467 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Caicos Legacy Enterprises LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 72 E Monab Road #80 Enter new principal offices address, if applicable: Pompano Beach (Principal office address MUST BE A STREET ADDRESS) Florida 33060 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 \_\_\_

## 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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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f an effect Note:   If		must be specific s block does no	and cannot be prion to the prion of the prior of the prio	icable statutory fi		onal) filing.) Pursuant to 605.0207 date will not be listed as t
e record sed is filed		ctive date, but i	not an effective	time, at 12:01 a.r	m. on the earlier of: (b	) The 90th day after the
Dated	arch 25		2022			
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	<del></del>	Signature	amambar ar au	horized representat	iva of a member	
		Signature of	-a-member or aut	norized representat	ive of a intemper	