

L22000298192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

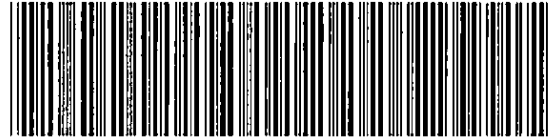
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong Form
LLC @ P

Office Use Only



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05/13/24--01038--006 **35.00

2024 MAY 13 PM12:50
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TALLAHASSEE, FL

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5/13

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2024

NATASHA EUGENE
1671 NW 28TH AVE
FORT LUADERDALE, FL 33311

SUBJECT: TRI LEGACY LLC
Ref. Number: L22000288192

We have received your document for TRI LEGACY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Morgan E Lovett
Regulatory Specialist II

Letter Number: 524A00013401

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TriLegacy LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natasha Eugene
Name of Person

TriLegacy LLC
Firm/Company

1671 NW 28 Ave
Address

Fort Lauderdale, FL 33311
City/State and Zip Code

trilegacyllc@outlook.com
E-mail address (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

Natasha Eugene at (305) 450-0538
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

(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 May 3, 2024 and assigned
Florida document number L22000288192.

This amendment is submitted to amend the following:

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

N/A

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)

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TALLAHASSEE, FL

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

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	Wesley Altidor	410 NW 107 St	<input type="checkbox"/> Add
		Miami, FL, 33168	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
✓ MGR	Natasha Eugene	410 NW 107 St	<input type="checkbox"/> Add
		Miami, FL, 33168	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Nathaniel Delevoe	1671 NW 28 ave	<input type="checkbox"/> Add
		Fort Lauderdale, FL, 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Tamar Delevoe	1671 NW 28 ave	<input type="checkbox"/> Add
		Fort Lauderdale, FL, 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
✓ MGR	Tahjat Bolton	1316 NW 2nd St	<input type="checkbox"/> Add
		Fort Lauderdale, FL, 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
✓ MGR	Leyndcy Cenary	1316 NW 2nd St	<input type="checkbox"/> Add
		Fort Lauderdale, FL, 33311	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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TALLAHASSEE, FL

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(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)

Dated 08/02/2024

2 Me

Tamar Delvot

Filing Fee: \$25.00