

(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



800432576928

13 AM 8: 56

08/28/24--01003--019 **25.00

ALLAHASSI SI PH 1:0

7024 AUC 28 PM 1:01

6 H. W.

COVER LETTER

	ion Section of Corporations		
	CLEGACY LLC		
SUBJECT:	Name	of Limited Liability Company	
The enclosed Articl	les of Amendment and feets) a	ire submitted for filing.	
Please return all con	rrespondence concerning this i	matter to the following:	
	STEPHEN GUERR	ERO	
		Name of Person	
	GUERRERO LAW	GROUP PLLC	
		Firm/Company	
	6600 COW PEN RE	SUITE 260	
		Address	
	MIAMI LAKES FL	33014	
		City/State and Zip Code	
		EGUERREROLAW.COM dress: (to be used for future annual report r	notification)
For further informa	tion concerning this matter, pl	lease call:	
STEPHEN GUERI	RERO	305 4886250	
N	lame of Person	at () Area Code Day	time Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing I	Fee □ \$30.00 Filing Fee Certificate of Sta		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing A</u> Registra		Street Address: Registration	
Registration Section Division of Corporations		Division of C	
P.O. Box		The Centre o	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & K LEGACY LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	i
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/22/2022	and assigned
Florida document number 1.220000368550		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ម
Principal office address MUST BE A STREET ADDRI	ESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> 근목 (5</u>
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	ida Zip Code
	CIIV	$z_{ip} \in oae$

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>	Name	Address	Type of Action
AMBR	IN THE ESTATE OF ALVAREZ	6805 OLD CHENEY HWY	□Add
		ORLANDO FL 32807	■Remove
			□ Change
AMBR	THE ALVAREZ FAMILY	6805 OLD CHENEY HWY	≣ Add
	LIVING TRUST	ORLANDO FL 32807	_
			□Change
			🗀 Add
			□Remove
			□Change
			☐ Remove
			—————————————————————————————————————
			□Remove
			□Change
			□Add
			□Remove
			DC******

			-	•	
			<u> </u>		
					
		_	<u> </u>		
					· }=1
		-			<u>.</u>
					
					<u> </u>
	<u></u>			m Mon	
				FAT	വ ന്
	· · ·				 _
			 -	· <u>-</u>	
			.		
					
fective date, if other than the date in effective date is listed, the date must be sote: If the date inserted in this block cument's effective date on the Depart	specific and cannot be does not meet the ap	oplicable statut	ling or more than 90 ory filing requires	(optional) days after filing.) ments, this date v	Pursuant to 605.0; vill not be listed
ecord specifies a delayed effective dat is filed.	e, but not an effecti	ve time, at 12:	91 a.m. on the ear	licr of: (b) The	90th day after ti
ted AUGUST 26TH	. 2024	·			
/S/ Stephen Guerrero					

Filing Fee: \$25.00