

L22 000426809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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LLC AMEND

1. **LEGACY INVESTMENT PROPERTY GROUP LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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CLERK OF COURT



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 8, 2023

CORP ACCESS

SUBJECT: LEGACY INVESTMENT PROPERTY GROUP LLC
Ref. Number: L22000426809

We have received your document for LEGACY INVESTMENT PROPERTY GROUP LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

"Owner" is not an acceptable title for authorized persons in Florida.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 623A00017865

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2023 SEP 18 AM 9:40
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Investment Property Group 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:

Crystal Bowens-Quarterman

Name of Person

Firm/Company

2295 S Hiawassee Rd Suite 104

Address

Orlando FL 32839

City/State and Zip Code

Crystal.quarterman@outlook.com

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

For further information concerning this matter, please call:

Crystal Bowens-Quarterman

Name of Person

at (407-) 230-4694

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Legacy Investment Property Group 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 10/03/2022 and assigned
Florida document number L22000426809.

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 "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

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>
<u>MgrM</u>	<u>Sharon Mittelman</u>	<u>8835 NE 176TH ST</u>	<input type="checkbox"/> Add
		<u>BOTHELL WA 98011</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
<u>MGRM</u>	<u>Quenton D Quarterman II</u>	<u>4512 Lighthouse Cir</u>	<input type="checkbox"/> Add
		<u>Orlando FL 32808</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGRM</u>	<u>Crystal Bowens-Quarterman</u>	<u>5229 Bishley Run Way</u>	<input checked="" type="checkbox"/> Add
		<u>Mount Dora FL 32757</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

(b) The 90th day after the record is filed.

Dated August 7, 2023

Robert Quint

Signature of a member or authorized representative of a member

Quenton Quarterman II

Typed or printed name of signee