

L23000062596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

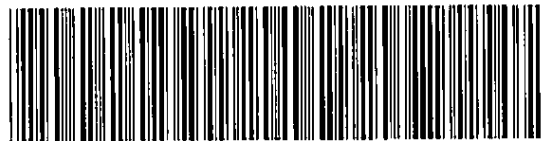
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500418156015

10/30/23--01018--018 **25.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 OCT 30 AM 8:36

FILED

A. PARISHANI

NOV 05 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHY LEGENDS LLC

Name of Limited Liability Company

2023 OCT 30 AM 8:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

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

Please return all correspondence concerning this matter to the following:

MARIA CRISTINA DEL ROSAL RANGEL

Name of Person

Firm/Company

671 ANCHOR POINT

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

cristina.del.rosal@gmail.com

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

For further information concerning this matter, please call:

MARIA CRISTINA DEL ROSAL RANGEL

954 3261453

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

FILED

2023 OCT 30 AM 8:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HEALTHY LEGENDS 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 02/02/23 and assigned
Florida document number L23000062596.

This amendment is submitted to amend the following:

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

MCR CAPITAL INVESTMENTS LLC.

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:

1549 NE 53rd Ct

(Principal office address MUST BE A STREET ADDRESS)

POMPANO BEACH, FL 33064

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>
--------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<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
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<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
-------	-------	-------	---------------------------------

2023 OCT 30 AM 8:36
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FILED

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

Change LLC name
Change principal office address

FILED

2023 OCT 30 AM 8:36
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

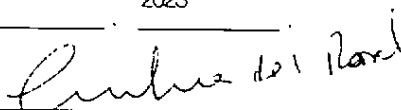
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.02(7)(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 17th 2023


Signature of a member or authorized representative of a member

MARIA CRISTINA DEL ROSAL RANGEL

Typed or printed name of signee