## L23000 444641

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone #	<u>(i)</u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	LEMO Name of Lin	R LEGACY  nited Liability Company	LLC
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre-	spondence concerning this matter	to the following:	
	E	Sdrat Eugen Name of Person	16
		Firm/Company	
	672	Heraldo Cour	t
	Kissi	mmee FL 30 City/State and Zip Code Sdrat@yahoo.	1758 28 001 -5 Com
	E-mail address: (	Sanatoyahoo. to be used for future angual report notif	Com 5
For further informatio	n concerning this matter, please c	all:	
Esdr.	at Eugene	at ( <u>617</u> ) <u>606</u> - Area Code Daytime	- 8258 25 55 Telephone Number
Enclosed is a check fo	r the following amount:		/
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	ai
Registratio	n Section Corporations	Registration Sec Division of Cor	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

LEMOR L	EGACY	LLC	
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on ted Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comparing L2300044464.	nny were filed on <u>9</u>	25/2023 a	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the design	ation "LLC" or the abbrevia	tionL.C."
Enter new principal offices address, if applicable:		<u></u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		·
			or i
		• •	
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		1 7	<del>-</del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our recor	ds, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	reet address	<del></del>
		, Florida	
	City	 Ζίγ	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Esdrat Eugene	672 Henaldo Ct.	□Add
	·	672 Henaldo Ct. Kissimmee, FL 34758	□Remove
			MChange
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Filing Fee: \$25.00