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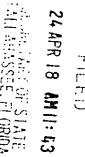
(Re	questor's Name)	<u>.</u>
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Division of C				
SUBJECT:	efta Legary 1	LLC		
SUBJECT:	efta Legacy 1 Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Vayia Gre	Name of Person  Egacy LLC  Front/Company		
	0	Name of Person		
	Lefta L	enacy LLC		
		Firm/Company		
	1021 West	- Central Street Address		
		Address		2024
	1 - 1 -	T 1. 3341.2		A-P 1
	Lantana,	Florida 33462 City/State and Zip Code		
	VCG1eKas@g	mail. Com	AS:	· πο Τ
	E-mail address:	(to be used for future annual report noti	fication)	
For further information	concerning this matter, please of	eall:		2024 APR 18 PH 1:50
Vayia	Ciekas	at (561 ) 324 -		
Name	of Person	Area Code Daytime	e 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)	S60.00 Filing Certificate of Certified Cop (additional copy	Status &
<u>Mailing Addr</u>		Street Address:		
Registration		Registration Sec		
Division of P.O. Box 63	Corporations	Division of Cor The Centre of T	=	
Tallahassee			e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lefta Legacy LLC

(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on aur records.)
The Articles of Organization for this Limited Liability Company were filed on $\underline{F}$	ebruary 21,2024 and assigned
Florida document number <u>L 24 0000 9   08 4</u> .	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company be	ere:
he new name must be distinguishable and contain the words "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	E 2
Principal office address MUST BE A STREET ADDRESS)	APP
	20 T
	SC
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	2*
I.C. and the second	and and and the name of the new position
<ol> <li>If amending the registered agent and/or registered office address on our r gent and/or the new registered office address here:</li> </ol>	ecords, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flor	rida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u>. </u>

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>	Address	Type of Action
MGR	Vayia Gekas	1021 West Central Street	XAdd
		Lantana, Florida 33462	🗆 Remove
			Change
AP	Franklin Rodriguez	1021 West Central Street	□ Add
		Lantana, Florida 33462	□Remove
			<b>XI</b> Change
		<del></del>	□ Add
			□Remove
		က္	□Change
		TAULA	Change  2021  Add  Remiove
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