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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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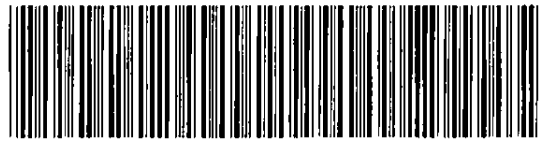
(Business Entity Name)

(Document Number)

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24 SEP -5 PM 5:28  
CLERK OF COURT

**Jorge Gutierrez**

**CEO**

19 Foxhunter Flat

Ormond Beach, Florida 32174

386.453.1706

**June 1, 2024**

Legacy 5 Investments, LLC

10145 NW 19<sup>th</sup> Street

Doral, Florida 33172

**Subject: Termination of Membership and Interest in Legacy 5 Investments, LLC**

Dear Legacy, 5, founders and members,

I am writing to formally inform you that, as of June 1, 2024, Jorge Gutierrez will no longer be an active member or hold any ownership interest in Legacy 5 Investments, LLC.

Effective immediately, I hereby relinquish any and all shares, interests, and rights associated with Jorge Gutierrez participation in Legacy 5 Investments, LLC. Consequently, I will be released from any future profitability sharing and will not be held liable for any debts, obligations, or liabilities incurred by Legacy 5 Investments, LLC from this date forward.

Please ensure that this change is reflected in the company's records and that all necessary steps are taken to formalize this termination of membership and interest.

Thank you for your attention to this matter. Should you require any further information or need to discuss this transition, please feel free to contact me.

Sincerely,

**Jorge Gutierrez**

**Jorge Gutierrez**

**CEO**

Coram Deo Holdings, Corp.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Legacy 5 Investments, 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:

David Martinez

\_\_\_\_\_  
Name of Person

Legacy 5 Investments, LLC

\_\_\_\_\_  
Firm/Company

10145 NW 19th St.

\_\_\_\_\_  
Address

Doral, FL 33172

\_\_\_\_\_  
City/State and Zip Code

dmartinez@beginc.net

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

For further information concerning this matter, please call:

David Martinez

305 986-0158  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

Legacy 5 Investments, 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 04/16/2024 and assigned Florida document number 1.24000180348.

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

**MGR = Manager**  
**AMBR = Authorized Member**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**