

6/24/24, 8:42 AM

Division of Corporations

L24000269641

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

H240002168263

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(((H24000216826 3)))



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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : COUCELO ASSOCIATES, INC.
 Account Number : I20120000069
 Phone : (561)683-3000
 Fax Number : (561)965-0938

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 STATE CLERK OF STATE
 DIVISION OF CORPORATIONS
 24 JUN 24 PM 1:32

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: legacytaxcorps@gmail.com

RECEIVED
 2024 JUN 24 AM 9:42
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CY15 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

**M. SOLOMON
 JUN 25 2024**

COVER LETTER

H240002168263

**TO: Registration Section
Division of Corporations**

SUBJECT: CY15 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.

ARNALDO J COUCELO

Name of Person

COUCELO ASSOCIATES INC

Firm/Company

1818 S AUSTRALIAN AVE STE 230

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

LEGACYTANCORPS@GMAIL.COM

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

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DIVISION OF CORPORATIONS
24 JUN 24 PM 1:32

For further information concerning this matter, please call.

ARNALDO J COUCELO

at (561) 683-3000

Name of Person 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 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

H240002168263

CY15 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 06/13/2024 and assigned Florida document number L24000269641.

This amendment is submitted to amend the following:

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

CY15 LLC

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)

6492 EMERALD DUNES DR

APT 205

WEST PALM BEACH, FL 33411

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6492 EMERALD DUNES DR

APT 205

WEST PALM BEACH, FL 33411

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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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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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
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_____	_____	_____	<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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