## P10000 007 744

| (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: |  |  |  |
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Office Use Only

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2019 OCT -4 PH 12: 15

C. GOLDENOCT - 7 2019

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| NAME OF CORPORATION: LOGGLY   | A MUCKYDE  | ate d  |  |  |  |  |
| DOCUMENT NUMBER: 01 00000 7744  |  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are su   | bmitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this man  | tter to the following:   |  |  |  |  |  |
| Jose Nur a Name of Contact Person   |  |  |  |  |  |  |
| Legacy + Markporated  |  |  |  |  |  |  |
| 13720 SW 143 (T. #100 Wayner  |  |  |  |  |  |  |
| Mam, FL, 33180  |  |  |  |  |  |  |
|   | City/ State and Zip Cod  |  |  |  |  |  |
| service a   | legacy a av  | to com   |  |  |  |  |
| E-mail address: (to be used for future amoual report notification)                            |  |  |  |  |  |  |
| For further information concerning this matter, pleas   | se call:   |  |  |  |  |  |
| Total Violada   | 204  | 05 i - 10 i  |  |  |  |  |
| Name of Contact Person  | at ( <u>'30')</u><br>Area Co                                       | ode & Daytime Telephone Number   |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status                                 | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |  |
| Mailing Address   | Street Address   |  |  |  |  |  |
| Amendment Section Division of Corporations  | Amendment Section Division of Corporations                         |  |  |  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314  | Clifton Building 2661 Executive Center Circle                      |  |  |  |  |  |
| randidasce, Pt. 32314   | Tallahassee, FL 32301  |  |  |  |  |  |



September 21, 2019

JOSE NEYRA 13720 SW 143 COURT SUITE 106 MIAMI, FL 33186

SUBJECT: LEGACY A INCORPORATED

Ref. Number: P10000007744

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 219A00019602

Claretha Golden Regulatory Specialist II

009 0CT - 4 [T.1]

## Articles of Amendment Articles of Incorporation

Incorporate of LAAAAL Δ

2019 OCT -4 PH 12: 15

| Lugary A medication  |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State)   |
| P10000007749   |
| (Document Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:   |
| A. If amending name, enter the new name of the corporation:  |
| The new  |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |
|  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |
|  |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:  |
| Name of New Registered Agent JOSO NUYR A   |
| 13720 SW 143 CT. # 100 MIAMI 1FL 13318 0 (Florida street address)  |
| New Registered Office Address: MIAMI Florida 3318 6  |
| (City) (Lip Code)  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |
| 12-  |
| Signature of New Registered Agent, if changing   |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example:<br>X.Change          | PT John D                | υς                  |                       |
|-------------------------------|--------------------------|---------------------|-----------------------|
| X Remove                      | <u>V</u> <u>Mike Jo</u>  | <u>ones</u>         |                       |
| X Add                         | <u>SV</u> <u>Sally S</u> | <u>mith</u>         |                       |
| Type of Action<br>(Check One) | Title                    | Name                | <u>Addres</u> s       |
| 1) Change                     | Con respectable          | Alejandro Vularquer | L 13340 SW 62 TURK    |
| Add                           |                          | •                   | MIAMI, FL, 33183      |
| Remove                        |                          |                     |                       |
| 2) Change                     | P                        | Jose Nuyra          | 13720 UW 143 CT. #100 |
| X Add                         |                          | ,                   | MIAMI FL, 33/84       |
| Remove                        | •                        | <b>.</b>            | 1271) ( 1 142 FT #10U |
| 3) Change                     | 16                       | Chrutina Neyra      | 13 120 0W 113 C       |
| X Add                         |                          |                     | MIAMI, FL, 33 186     |
| Remove                        |                          |                     |                       |
| 4) Change                     |                          |                     |                       |
| Add                           |                          |                     |                       |
| Remove                        |                          |                     |                       |
| 5) Change                     |                          |                     |                       |
| Ađd                           |                          |                     |                       |
| Remove                        |                          |                     |                       |
| 6) Change                     |                          |                     |                       |
| Add                           |                          |                     |                       |
| Remove                        |                          |                     |                       |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| Changing registered agent and officer registered  |
| agent of no langer Alexandro Volusquez  |
| tince he pold the company of of 915/19.   |
| HU ALIO IS being removed as president   |
| Alejanded Verlacquez 11 no longer projection  |
| rince he cold their company as of 9/5/9   |
| -to Tare Nanka and Chestina Neura.  |
| The man registered agent schoole be   |
| Tare Neura and the new President  |
| is Jose Nuna, vice President Christina  |
| NPRU.   |
|   |
|   |
|   |
|   |
|   |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                            |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)      |
| <u>N/A</u>  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

|  | nendment(s) adoption:                               | <u>september</u>              | 5,2019  | , if other than the            |
|--|---|-------------------------------|---|--------------------------------|
| date this document w<br>Effective date <u>if app</u> | *   | September                     | 5,2019.<br>after amendment file date)                                   |                                |
|  | serted in this block doc<br>date on the Departmen   | es not meet the applicable st | atutory filing requirements, this                                       | date will not be listed as the |
| Adoption of Amend                                    | lment(s) (  | CHECK ONE)                    |   |                                |
|  | s) was/were adopted by<br>ers was/were sufficient f |                               | er of votes east for the amendmen                                       | ıt(s)                          |
|  |   |                               | oting groups. The following states<br>parately on the amendment(s):     | ment                           |
| "The numbe   | er of votes east for the a                          | mendment(s) was/were suffi-   | cient for approval  |                                |
| by   |   | (voting group)                | <u> </u>  |                                |
| ☐ The amendment(s<br>action was not rec              |   | the board of directors withou | rt shareholder action and sharehol                                      | lder                           |
| ☐ The amendment(s<br>action was not rec              |   | the incorporators without sha | reholder action and shareholder   |                                |
| Da   | nted  | 10-1-19                       |   |                                |
| Si <sub>l</sub>                                      | selected, by an                                     |                               | directors or officers have not bees of a receiver, trustee, or other co |                                |
|  |   | (Typed or printed name of     | f person signing)   |                                |
|  | <del></del>   | Pacsake<br>(Title of pers     | on signing)   |                                |
|  |   | ,                             | ·   |                                |