

P20 0000 19075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

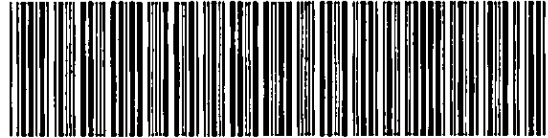
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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800361063028

*Amend*

03/04/21--01019--025 \*\*25.00

06/02/21--01016--001 \*\*10.00

FILED  
2021 JUN -1 AM 8:26

JUN 02 2021  
A RAMSEY

\*00678, 06342, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 JUN -1 AM 10:52

May 7, 2021

GRICELIA PEREZ  
IBERICO LEGACY, INC.  
5380 NW 55TH BLVD #202  
COCONUT CREEK, FL 33073

SUBJECT: IBERICO LEGACY, INC.  
Ref. Number: P20000019075

We have received your document for IBERICO LEGACY, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

- ☒ There is a balance due of \$10.00. *Endorsed*
- ☒ The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed : *enclosed*

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) 245-6907.

Annette Ramsey  
OPS

Letter Number: 721A00009588

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: IBERICO LEGACY, INC.

DOCUMENT NUMBER: P20000019075

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gricelia Perez  
Name of Contact Person  
Iberico Legacy, INC.  
Firm/ Company  
5380 NW 55TH BLVD# 202  
Address  
COCONUT CREEK, FL 33073  
City/ State and Zip Code  
teamcridget@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gricelia Perez at ( 773 ) 610-6782  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

IBERICO LEGACY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P20000019075

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to 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 \_\_\_\_\_  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip 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.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

Changing article III to state -

The Sole and only purpose of the proposed corporation is the operation of Independent Business Owner (IBO) number

7431947

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)

5/26/2021

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

5/26/2021

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

5/26/2021

Dated \_\_\_\_\_

Signature Gricelia Perez  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Gricelia Perez

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)