

Division of Corporations

L 24000460487

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ANDERSON BUSINESS ADVISORS
Account Number : I20230000109
Phone : (800)706-4741
Fax Number : (702)664-0545

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

Email Address: ra@andersonadvisors.com

2024 NOV -5 PM 5:21
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 NOV -5 PM 3:59
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEGACY POMPANO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	09
Estimated Charge	\$25.00

K. SALY

COVER LETTER

H24000368783 3

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Pompano, 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:

Morgan Winkler
Name of Person
Firm/Company
3225 McLeod Drive, Suite 100
Address
Las Vegas, NV 89121
City/State and Zip Code
ra@andersonadvisors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Morgan Winkler 800 706-4741
Name of Person at () 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

H24000368783 3

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

FILED
2024 NOV -5 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Legacy Pompano, 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 10/30/2024 and assigned Florida document number L24000460487.

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

Docusign Envelope ID: E17A84EA-B06A-44F5-982D-429B54366BB1

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

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H24000368783 3

2024 NOV -5 PM 5:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Stripes Investments Inc	4960 NE 27th Ave	<input type="checkbox"/> Add
		Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sok Holdings, LLC	4960 NE 27th Ave	<input type="checkbox"/> Add
		Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Geoffrey Pelletier	3225 McLeod Dr. Suite 100	<input type="checkbox"/> Add
		Las Vegas, NV 89121	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Seni Sok	3225 McLeod Dr. Suite 100	<input checked="" type="checkbox"/> Add
		Las Vegas, NV 89121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ahmed Al Rawi	225 McLeod Dr. Suite 100	<input checked="" type="checkbox"/> Add
		Las Vegas, NV 89121	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H24000368783 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED 2024 NOV 5 5:21 PM STATE OF FLORIDA DEPARTMENT OF REVENUE TALLAHASSEE

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated 11/5/2024 _____

DocuSigned by: Geoffrey Pellettieri

Signature of a member or authorized representative of a member

Geoffrey Pellettieri, Member

Typed or printed name of signee