

10/25/23, 2:15 PM

Division of Corporations

LO300043893
Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO
Account Number : I19980000090
Phone : (407)839-4200
Fax Number : (407)839-4264

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

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DIVISION OF CORPORATIONS
FLORIDA
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STUART LEIGH LEGACY, LLC

Certificate of Status	0
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OCT 25 11 00 AM '23

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Corporate Filing Menu

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OCT 26 2023

FILED

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

STUART LEIGH LEGACY, 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 November 12, 2009 and assigned Florida document number LO3000043893

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)

c/o Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

c/o Personal Management Consultants, Inc.
1204 Suncoast Lane, Suite 2
El Dorado Hills, CA 95762

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: Paracorp Incorporated
New Registered Office Address: 155 Office Plaza Drive, 1st Floor
Enter Florida street address
Tallahassee, Florida 32301
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:

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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is filed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0267 (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 20th day after the record is filed.

Dated 18 October, 2023

Jay S. Bell, MEMBER
Signature of a member or authorized representative of a member

Jay S. Bell, Member

Typed or printed name of signer

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STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

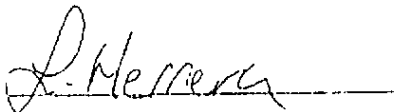
DATE: 10/25/2023

ENTITY NAME: STUART LEIGH LEGACY, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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