

L10000060093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

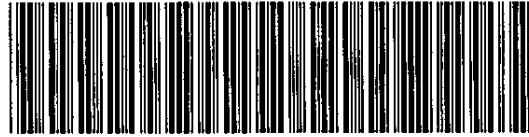
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400271083454

04/13/15--01017--022 **25.00

FILED
15 APR 13 PM 12:20
OFFICE OF STATE
FALL AERASSEE, FLORIDA

APR 28 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREENRIDGE CONTRACTORS, 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:

OSCAR J. LOCKLIN
Name of Person
LOCKLIN, SABA, LOCKLIN & JONES, P.A.
Firm/Company
4557 CHUMUCKLA HIGHWAY
Address
PACE, FL 32571
City/State and Zip Code
OLOCKLIN@LJSLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OSCAR J. LOCKLIN at (**850**) **995-1102**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
15 APR 13 PM 12:20
RECORDS & CLERK'S OFFICE
TALLAHASSEE, FLORIDA

GREENRIDGE CONTRACTORS 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 6/4/2010 and assigned Florida document number LC0000060093.

This amendment is submitted to amend the following:

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

LEGACY CUSTOM HOME GROUP, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5318 LAKEWOOD DRIVE

(Principal office address MUST BE A STREET ADDRESS)

MILTON, FL 32570

Enter new mailing address, if applicable:

P.O. BOX 765

(Mailing address MAY BE A POST OFFICE BOX)

MILTON, FL 32572

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: STEVEN DANE HARRINGTON

New Registered Office Address: 5318 LAKEWOOD DRIVE

Enter Florida street address

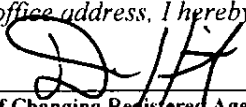
MILTON, Florida 32572

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

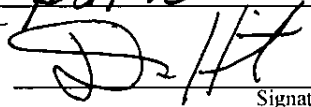
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Steven D. Harrington		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AMBR	Steven Dane Harrington	P.O. Box 765	<input checked="" type="checkbox"/> Add
		MILTON, FL 32572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 10, 2015.



Signature of a member or authorized representative of a member

Steven Dane Harrington

Typed or printed name of signee