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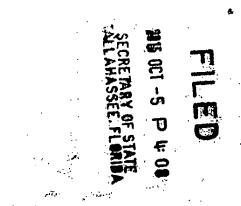
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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	sistration Sec ision of Corp	
SUDJECT.	Legacy Prop	erty Partners, LLC
SUBJECT		Name of Limited Liability Company
The enclosed	l Articles of A	mendment and fee(s) are submitted for filing.
Please return	all correspon	dence concerning this matter to the following:
		Cynthia R. Smith
		Name of Person
		Legacy Property Partners, LLC
		Firm/Company
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Cynthia R. Smith Name of Person Legacy Property Partners, LLC Firm/Company 12287 Sunset Pointe Lane Address Wellington, Fl. 33414 City/State and Zip Code LegacyPropertyPartners@gmail.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: Smith Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certificate Of Status & Certificate Copy Certificate of Status &	
		Address
		Wellington, Fl. 33414
		City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For further in	nformation co	ncerning this matter, please call:
Cynthia R. S	Smith	561 386-5357
	Name of	Person Area Code Daytime Telephone Number
Enclosed is	a check for the	e following amount:
□ \$25.00 F	Filing Fee	

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

iny as it now appears on our records.) Liability Company)		
were filed on $08/10/2015$ and assigne		
ility company here:		
lity Company," the designation "LLC" or the abbreviation "L.L.C."		
12287 Sunset Pointe Lane		
Wellington, FL 33414		
11924 West Forest Hill Blvd.		
Suite 10A-410 Wellington, FL 33414		
Enter Florida street address		
, Florida		
1		

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Marvin K. Smith	12287 Sunset Pointe Lane	
		Wellington, FL 33414	☐ Remove
			☐ Change
MGR	Cynthia R. Smith	12287 Sunset Pointe Lane	
		Wellington, FL 33414	□ Remove
			■ Change
			Add
	•		☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Add
			Remove
			RE C C
			Ad Remove
			☐ Change

_	oth Marvin and Cynthia will be Managers.
	•
_	
_	
_	
_	
4.	Paris at at the Control
effec	e date, if other than the date of filing:(optional) tive 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 605.0
te: It	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
uiiici	it's effective date on the Department of State's records.
FOCO	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
he 9	Outh day after the record is filed.
ed _	<u>10/01</u> , <u>2015</u> .
	(inthea B. Smith, Manager
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member. Cynthia R. Smith Manager.