

8/9/2017

Division of Corporations

((H17000210656 3)))

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000210656 3)))



H170002106563ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : ADVOS LEGAL PLLC
 Account Number : I20150000090
 Phone : (904)567-5311
 Fax Number : (904)339-9504

FILED
 17 AUG -9 AM 7:48
 TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
 2017 AUG -9 PM 12:36
 SECURITIES DIVISION
 TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LEGACYSHIELD, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

D SCOTT
 AUG 10 2017

((H17000210656 3)))

COVER LETTER

((H17000210656 3))

TO: Registration Section
Division of Corporations

SUBJECT: LegacyShield, 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:

Whitney Harper

Name of Person

ADVOS legal pllc

Firm/Company

5000 Sawgrass Village Circle, Suite 7

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

whitney@advoslegal.com

E-mail address: (to be used for future annual report notification)

FILED
 17 AUG -9 AM 7:48
 REGISTRATION SECTION
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Whitney Harper _____ at (_____) _____
 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

((H17000210656 3))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H17000210656 3)))

LegacyShield, 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 12/19/16 and assigned Florida document number L16000228360

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 "LLC."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

Form with horizontal lines for address entry and a vertical stamp that reads 'FILED' and 'NOV 9 11 7:40'.

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

Form with horizontal lines for address entry.

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

City, Florida 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

(((H17000210656 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H17000210656 3)))

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--------------------------------|--|
| C | Daniel Pierson | 822 North A1A Highway, Ste 310 | <input type="checkbox"/> Add |
| | | Ponte Vedra Beach, FL 32082 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| PCEO | Michael Babikian | 822 North A1A Highway, Ste 310 | <input type="checkbox"/> Add |
| | | Ponte Vedra Beach, FL 32082 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| COO | Daniel Pierson | 822 North A1A Highway, Ste 310 | <input checked="" type="checkbox"/> Add |
| | | Ponte Vedra Beach, FL 32082 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| CEO | Michael Babikian | 822 North A1A Highway, Ste 310 | <input checked="" type="checkbox"/> Add |
| | | Ponte Vedra Beach, FL 32082 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
AUG-9
7:08

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(((H17000210656 3)))

Multiple horizontal lines for amending information.

FILED
AUG -9 AM 7:48

E. Effective date, if other than the date of filing: August 7, 2017 (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 August 8 , 2017

Michael Babikian

Signature of a member or authorized representative of a member

Michael Babikian

Typed or printed name of signer