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(Cit	ty/State/Zip/Phone #	#)
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Certified Copies	_ Certificates o	of Status
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Special Instructions to	Filing Officer:	
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EFFECTIVE DATE 0/01/15

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# **COVER LETTER**

Div	ision of Corp	orations				
SUBJECT:	LEGACY	ESTATE PLANNERS,	P.L.			
SUBJECT:		Name of Limi	ted Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		W. DENIS SHELLE	<b>Y</b>			
			Name of Person			
		LEGACY ESTATE F	PLANNERS, P.L.			
			Firm/Company			
		313 South Palmetto	Ave.,			
			Address			
		Daytona Beach, Flo	rida 32114			
			City/State and Zip Code		2014 DEC. SCONE PA	-
		shelley@legacyestat	•			ر ال المحادث
		E-mail address: (	to be used for future annual report notificati	on)	SS 30	
For further in	nformation co	ncerning this matter, please ca	all:		<u>ب ب ب</u>	F
Denis Sh	elley		386 252-2531		PH 3: 3	
-	Name of	Person	at () Area Code Daytime Tel	lephone Number	3: 32 STATE GRIDA	
Enclosed is	a check for the	e following amount:				
■ \$25.00 £	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

### MAILING ADDRESS:

TO:

**Registration Section** 

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

LEGACY ESTATE PLANNERS, P.L.	
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on 03-19-2 Florida document number L01000004143	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
LEGACY LAW ASSOCIATES, P.L.	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7 S S S S S S S S S S S S S S S S S S S
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PH 3: 32 SEE FLORIDA
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:  Name of New Registered Agent:	records, enter the name of the new
New Registered Office Address:  Enter Florida stre	et address
	F12J-
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 capac provisions of all statutes relative to the proper and complete performance of my diaccept the obligations of my position as registered agent as provided for in Chapte	ities, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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company has been notified in writing of this change.

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Remove
			Add 20 Control Rem
			30 PR
<u>.</u>			Remove
			Kemove
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Effective date, if other than the date	e of filing: 01-01-2015 (option
	prior to date of receipt or filed date and cannot be more than 90 days aft
(The effective date must be specific, cannot be	prior to date of receipt or filed date and cannot be more than 90 days aft
(The effective date must be specific, cannot be the date this document is filed by the Florida  Dated	e prior to date of receipt or filed date and cannot be more than 90 days aft Department of State)
(The effective date must be specific, cannot be the date this document is filed by the Florida  Dated	prior to date of receipt or filed date and cannot be more than 90 days aft Department of State)

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Filing Fee: \$25.00

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