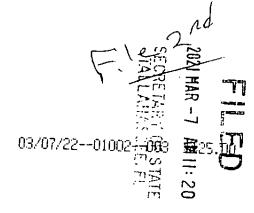
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COVER LETTER

Tallahassee, FL 32314

TO: Registrati Division					
Lega	acy Boati	ng Club of Destin, LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Artic	cles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all or	orr e spone	dence concerning this matter	to the following:		
		Charles F. Shackelford			
			Name of Person	·	
		LBC Holdings, Inc.			
			Firm/Company		
		707 Harbor Blvd., Marina	Office		
			Address		
		Destin, Florida 32541			
		fletcher@legacyboatingclub	City/State and Zip Code o.com to be used for future annual		
For further inform	ation cor	ncerning this matter, please of		report nouncation)	
Charlie Shackelfo	ord			35-1855	
	Name of F	Person	at () Area Code	Daytime Teleph	one Number
Enclosed is a chec	k for the	following amount:			
■ \$25.00 Filing	Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing /			Street A		
Registra Division		ction rporations		ration Section on of Corporation	ons
P.O. Bo				entre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Boating Club of Destin, LLC (Name of the Limited Liability C. (A Florida Lim	ompany as it now appears on our re nited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Complete Horida document number L04000058251		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Legacy Boating Club, LLC		
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 ADDRES	_	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>e</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	nddress
		. Florida
_ ;	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 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>	Name	Address	Type of Action
			□Add
			□Remove
		-	Change
			□Remove
			Change
	- <u></u> -		□Add
			□Remove
			□ Change
	 _		
			□Remove
			□ Change
			□Add
			□Remove
			□Change

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ffectiv	e date, if other than the date of filing: (optional) live 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
<u>ote:</u> 11	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumer	t's effective date on the Department of State's records.
record I is file	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
113 1110	
ated F	Obvion 15th 2022.
	To Hase
	Signature of a member or authorized representative of a member
	Charles F. Shackelford
	Typed or printed name of signee

Filing Fee: \$25.00