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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Legary Land Group Name of Limit	ted Liability Company	·		
The enclosed Articles of Amendment and fee(s) are sub	•			
Please return all correspondence concerning this matter	to the following:			
Pamela T). Butlett Name of Person			
Legacy C	Firm/Company	LLC		
3345 Eunice	Read Address		2010 HAY 17 PM 1:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	77
Jacksonvi	Address Le FL 3225 City/State and Zip Code Consulting a como be used for future annual report notifical	0	17 PH	TILLU
legacy grou	o be used for future annual report notifica	icast net	FLOR FLOR	C
For further information concerning this matter, please ca		,	E S	
Chris Bartlett Name of Person	at 904 613 - 5 Area Code & Daytime T	528 Celephone Number		
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$25.00 Filing Fee \$\frac{1}{2}\$\$Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of	of Status &	
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER Registration Section Division of Corporati			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	roup. L. L. C.	
(A Florida Lin (A Florida Lin	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>Lo5000 33967</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	ng, L.L.C. s"Inmited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		2010 T
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ARY OF STATE ARE DRIVE
B. If amending the registered agent and/or registered agent and/or the new registered office addre		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Fl	orida street address
		, 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 608, 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 Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Name Address **Type of Action** ☐ Add □ Add Remove □ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. 5/10/2019 Dated ____ 2010 Signature of a member or authorized representative of a member 3. Bortlett
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00