# LOSDOW 90134

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## **COVER LETTER**

Division of Corporations
SUBJECT: Legacy Homes 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:
Todd Payne (Name of Person)  Legacy Homes LLC (Firm/Company)
10807 Tarpon Springs Rd
Odessa F/ 33556 (City/State and Zip Code)
(City/State and Zip Code)  For further information concerning this matter, please call:
Todd Payne at (813) 760-65760 (Area Code & Daytime Telephone Number) (Area Code & Daytime Teleph
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$50.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

4	egacy	Homes	4	6	
	(A Flo	(Present Name) orida Limited Liability (	Company)		

FIRST:	The Articles of Organization were filed on 09/13/2005 and assigned document number LOS 00009013.4			
SECOND:	This amendment is submitted to amend the following:  Please change name to  Legacy Health LLC			
		THE CRITARY OF	2007 JUN 26 AM	uma projection of the second o
		STAIF	M 9: 50	17.00
Dated	June 20, 2007.			
	Signature of member or authorized representative of a member  Todd Payne  Typed or printed name of signee	-		

Filing Fee: \$25.00