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M. THOMAS

JUL 2 4 2008

EXAMINE

## **COVER LETTER**

TO: Registration S Division of Co			
subject: Legacy			
		ited Liability Company)	
			•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Eastham		
(Name of Person)			
		,	THE STATE OF THE S
(Firm/Company)			DB JUL 23 AM IO: 21 RECEIVED OF STATE FAILURE SECRETARIES
		(Address)	
	Altamonte Springs, FL 3	2701	Du.
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Michael Eastham		at ( 407 ) 388.1036	
(Name of Person)		(Area Code & Daytime To	elephone Number)
Enclosed is a check for t	he 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 Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Advisory Group, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as It now appears on ou nited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Con	and assigned	
Florida document number L08000020568		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	<b>=</b>
Fellowship Financial, LLC		ASEC B JL
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	393 Center Pointe Circ	
Principal office address MUST BE A STREET ADDRES	Altamonte Springs, FL	32701 FI ST TO 22
Enter new mailing address, if applicable:	393 Center Pointe Circ	le #1461
(Mailing address MAY BE A POST OFFICE BOX)	Altamonte Springs, FL	32701
Tion Registored Office (Address).	s here: ter Pointe Circle #1461	ords, enter the name of the new rida street address)  , Florida 32701  (Zip Code)
	(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. Thereby 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action MGRM Michael D Eastham 140 N Westmonte Dr #204 **ra** Add Altamonte Springs, FL 32701 ■ Remove MGR Victoria A Eastham 140 N Westmonte Dr #204 ■ Add Altamonte Springs, FL 32701 Remove MGRM MV Holdings, LLC 393 Center Pointe Circle #1461 ∎7 Add Altamonte Springs, FL 32701 Remove MGR Frank A Fera 393 Center Pointe Circle #1461 Altamonte Springs, FL 32701 Remove MGR Terrence R Pipenhagen ■7 Add 🗢 393 Center Pointe Circle #1461 Altamonte Springs, FL 32701 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 17th Signature of a member or authorized representative of a member Michael D Eastham

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee