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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT	Legacy Ad	visors Group, LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		James Michael Ertel		
		Name of Person		
		Table 01 February		
	Lega	acy Advisors Group, LLC		
		Firm/Company		
	1101 Channelside Drive, Suite 290			
		Address		
	Tam	pa, Florida 33602-5757		
		City/State and Zip Code	 -	
	E mail address /	mike.ertel@att.net to be used for future annual report noti	(Continua)	
B 6 d 7 6 d	·	•	neation)	
For further information c	oncerning this matter, please of	call:		
	Mike Ertel	at (813)	299-7862	
Name o	f Person	Area Code & Daytin	ne Telephone Number	
		,		
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	*		(additional copy is cholosed)	
MAILING ADDRESS:		STREET/COUR		
Registration Section Division of Corporations		Registration Section Division of Corpo		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Co Tallahassee, FL 32		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy	Advisors Group, LLC	<u> </u>	
(A Florid	ity Company as it now appear a Limited Liability Company)	s on our recorus.	
The Articles of Organization for this Limited Liability	Company were filed on	9/19/09	and assigned
Florida document numberL08000089353	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	e:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation '	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
		<u> </u>	2009 SEC
			AH TI
Enter new mailing address, if applicable:		······	Sylvanian N
(Mailing address MAY BE A POST OFFICE BOX)			
			
			2025
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ur records, <u>enter</u>	the name of the new
, or the new registering of the new registering of the ac-	dits here.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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, 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>	Name	Address	Type of Action
MGR	Michael Lewis Raab	4218 Fairway Circle Tampa, Fl. 33618	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	21 SSE
			PH 3: 59 E. FLORIDA
Dated	Q.dei	2009 Waller	
_	J	ber or authorized representative of a member lames Michael Ertel ed or printed name of signee	

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Filing Fee: \$25.00