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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	Legacy Pl	anning Group, LLC				
SUBJE	C1:					
		James J. Marino				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		Legacy Planning Group,	LLC			
	9115 Stone Harbour Loop					
	Address					. = 4",
City/State and Zip Code					2918 July	
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				ication) :_ r	, 7	
For furt	her information c	concerning this matter, please co	all:	۳ - :	8:50	
James	Marino				, –	
	Name e	of Person		Telephone Number		
Enclose	d is a check for t	he following amount:				
\$25	.00 Filing Fee	Certified Co	icate of Status &			
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Planning Group, LLC				
(<u>Name of the Limited Lia</u> (A Flo	bility Compa rida Limited	iny as it now appears on Liability Company)	our records.)	
the Articles of Organization for this Limited Liability	y Company	were filed on July 1	1, 2011	and assigned
lorida document number L11000079315	<u> </u>			
his amendment is submitted to amend the following	:			
. If amending name, enter the new name of the l	imited liab	ility company here:		
azzeys, LLC				
he new name must be distinguishable and contain the words "I	Limited Liabi	lity Company," the design	nation "LLC" or th	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		9115 Stone Harbo	ur Loop	
Principal office address MUST BE A STREET AD	DRESS)	Bradenton, FI 342	12	
				. 22
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		1000 p. 10 p		
			··-	
				<u>;</u>
. If amending the registered agent and/or re			r records, <u>en</u>	ter the name of the
egistered agent and/or the new registered office a	<u>ddress her</u>	<u>e</u> :		
1	(1.4	·		
Name of New Registered Agent: Jan	mes J. Mari	ino		
New Registered Office Address: 91	9115 Stone Harbour Loop			
Bra	adenton		, Florida	34212
		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 Changing Registered Agent, Signature of New Registered Agent

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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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cument's effective date on the Department of	i state s records.					
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July 5	2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00