

L11000095556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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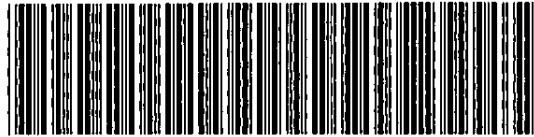
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 02 2013

D. BRUCE

No Form

TO: Registration Section
Division of Corporations

SUBJECT: Prodigy All-Stars 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:

Lacey Gilson
Name of Person
Prodigy All-Stars LLC
Firm/Company
4505 Kings Hwy
Address
Cocoa, FL 32927
City/State and Zip Code
laceygilson1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lacey Gilson at (321) 759-2188
Name of Person Area Code & Daytime Telephone Number

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Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

TO ARTICLES OF ORGANIZATION OF

Prodigy All-stars LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/19/2011 and assigned
Florida document number L11000095556

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Legacy Cheer Athletics L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3650 S. Bobbi Ln. 117
Titusville, FL 32780

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

LL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address 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

MGR = Manager
MGRM = Managing Member

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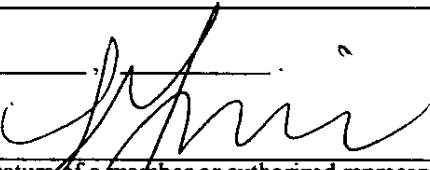
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Remove ☐ Add ☐ Remove ☐

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 4/17/13


Signature of a member or authorized representative of a member

Lacey L. Gilson
Typed or printed name of signee

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Filing Fee: \$25.00

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