## L11000 109174

(Re	questor's Name)	
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(Cit	y/State/Zip/Phoni	e #)
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## **COVER LETTER**

TO: Registration So Division of Con				
		·		
SUBJECT:		nited Liability Company	<del></del>	
Legacy Global, LLC  Name of Limited Liability Company  he enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:    Scott Newton				
Please return all correspo	ondence concerning this matter	to the following:		
	Scott Newton			
		Name of Person		
	Legacy Global, LLC			
		Firm/Company	<del></del>	
	124 Summerville Drive			
		Address		
	Mooresville/NC 28115			
	<del></del>			
	E-mail address: (	to be used for future annual report r	notification)	
For further information of	concerning this matter, please c	all:		
Scott Newton				
Name o	f Person		time Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Addres Registration		Street Address: Registration		
Division of C	Corporations	Division of C	Corporations	
P.O. Box 632		The Centre o		
Tallahassee.	ru 34314	2410 N. Mon	roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Global, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)  oility Company)	76
The Articles of Organization for this Limited Liability Company we Florida document number L11000109174		and assigned
This amendment is submitted to amend the following:		PM 2: 5
A. If amending name, enter the new name of the limited liability	y company here:	PH 2:51
The new name must be distinguishable and contain 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)		
-		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
<u>-</u>		
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	iress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar with and . Or, if this document is

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Kenneth A. Harbaugh	2990 Scenic Hwy 98	
		Destin, FL 32541	
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			□ Remove
			Change
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			Remove
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Effective date, if other than the late is listed, the date in Note: If the date inserted in this document's effective date on the	ust bu specific a block does not	nd cannot be pr t meet the app	ior to date of til licable statute	ing or more th	(option 90 days after uirements, this	tiling.) Pursua	nt to 605.0207 ( t be listed as t
e record specifies a delayed effect rd is filed.	ive date, but n	ot an effective	e time, at 12:0	l a.m. on the	e earlier of: (b)	The 90th	day after the
October 5		2020					
Dated	11	- `	·				
Dated October 5  Mull St.			nthorized repres				

Filing Fee: \$25.00