L120000 29767

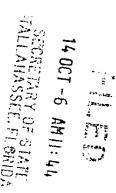
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Legac	cy Marketing [DNA, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Roxie B. Mo	oney	
		Name of Person	
	Legacy DNA	Marketing Grou	p
		Firm/Company	
	269 Palmett	o Springs Street	
,		Address	
	DeBary, FL	32713	
		City/State and Zip Code	
	roxie38@gmail.c	OM to be used for future annual report notific	eation)
For further information co	encerning this matter, please ca	·	,
Roxie B. Mo	oney	at 407, 575-32	220
Name of	Person		Telephone Number
Enclosed is a check for the	e 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

Legacy Marketing DNA, LLC				
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on ou ability Company)	r records.)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L12000029763</u> .	were filed on 10/03/2	014	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:	•		
Legacy DNA Marketing Group, LLC				
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designa	ion "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:			<u> </u>	3 (
New Registered Office Address:	Enter Florida stre	ot address	HASS	# D 3
	Enter r torida stret	a address	imi≺ Po	100.000
•	C':	, Florida _		111
	City		Zip Code	المحددة
New Registered Agent's Signature, if changing Registered Agent:			97 -	

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			
			□ Remove
			Add
			☐ Remove
			□ Remove

		•
	· · ·	
Effective date, if other that	n the date of filing:	(optional)
The effective date must be specific the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot b	e more than 90 days after
The effective date must be specific the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot b	e more than 90 days after
The effective date must be specific the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot be the Florida Department of State) Roue B. Moone	4
(The effective date must be specific the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot be the Florida Department of State) 2014 Roccue B. Moone Signature of a member or authorized representative	4

Page 3 of 3

Filing Fee: \$25.00

