# 11200055649

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	#)
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T. CLINE
SEP 13 2018
EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT: Lege	nd Builde Name of Limit	ed Liability Company		
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter to	o the following:		
	Marcus	Brannon Name of Person		
		Firm/Company		
	4463 V	ern Cove		
	Pace, FL	Address 30571		
•		City/State and Zip Code	<del> </del>	, · · ·
_	Ktoakes & by	ell south, net	mode foundation	7. S. S.
For further information conce				
Marcus B	rannon	at (850 ) 698	8-3557	2: 12: 5
Name of Per	son	Area Code Day	ytime Telephone Number :	Ĉ
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee D	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	tus &

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Brannan Hame Improv	ements LLC
(Name of the Limited Liability Company (A Florida Limited Lial	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{13000055649}{}$ .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  Legend Builders, LLC	
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:	No. of the state o
(Principal office address MUST BE A STREET ADDRESS)	100
	:
_	.,,
Enter new mailing address, if applicable:	: <u>2</u> . :
(Mailing address MAY BE A POST OFFICE BOX)	. <u> </u>
(Maining dauress MAT BE A TOST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
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	, (A)
ctive date, if other than the date of filing: September 1, 2 effective date is listed, the date must be specific and cannot be prior to date of filing or more that: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	n 90 days after filing.) Pursuant to 6053
ecord specifies a delayed effective date, but not an effective time, ne 90th day after the record is filed.	
Marino Brannon Signature of a member or authorized representative of a m	

Page 3 of 3

Filing Fee: \$25.00