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### **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	THE GARCI	A LEGACY TRUST, LLC		
		Name of Limit	ted Liability Company	<del></del>
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		D. BOWMAN		
			Name of Person	
		The Law Advocates		
			Firm/Company	
		2363 Cortez Way NE	•	
			Address	
		Brookhaven, GA 30319-39	13	
		*	City/State and Zip Code	
		dallasbowman@att.net		
		E-mail address: (to	be used for future annual report notific	ation)
For further in	nformation con	ncerning this matter, please ca	11:	
Dallas Bown	nan		404 396-6994	
	Name of I	Person	at ()	Felephone Number
Enclosed is a	i check for the	following amount:		
■ \$25.00 F	iling 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:

TO: Registration Section

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

THE GARCIA LEGACY TRUST, LLC

(Name of the L	imited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Florida document number L12000154848		
This amendment is submitted to amend the t	ollowing:	
A. If amending name, enter the new name	e of the limited liability company b	<u>1ere</u> :
he new name must be distinguishable and contain th		designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
Principal office address MUST BE A STR	EET ADDRESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFIC	E BOX)	7 007 -6
. If amending the registered agent an egistered agent and/or the new registered	d/or registered office address on office address here:	
		8 6
Name of New Registered Agent:	InCorp Services, Inc.	
New Registered Office Address:	17888 67th Court North	
	Enter Flor	rida street address
	Lonahatchee	, Florida <sup>33470</sup>
	City	Zip Code
w Registered Agent's Signature, if changing	Registered Agent.	Top Court

## 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.

Jessica Delgado on behalf of InCorp Services, Inc.

I Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	R. SAMPSON	4701 Old Canoe Creek Road	
		St. Cloud, FL 34769	Remove
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			Add
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			Change
		<del></del>	
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		a delayed of the recor			t not an	effective	e time, at	12:01 a.ı	m. on th	e earlie
ted <u>Oc</u>	tober 3			. 2017	· ·					
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-	7	<u>~</u>	ignature of a	a member or	authorized	representat	ive of a memb	эст		
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Filing Fee: \$25.00