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## **COVER LETTER**

Registration Section

TO:

Division of Corporations
SUBJECT: Legendary Assets & Operations, LC 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:
P. Austin Singleton Je Name of Person
Legendary Assets & Operations, LLC
4100 Legendary Dr. Ste 200
Dustin, FL 32541 City/State and Zip Code
J. Powell 6 onewater movine. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tammy Edol at (UT8 ) 541-1dol 3 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legerhary Assets & Countins, LLC.

(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on <u>4</u>	2/25/2014 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company her	2021
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation [L.L.C." 1
Enter new principal offices address, if appli	icable:	70.
(Principal office address MUST BE A STRE	ET ADDRESS)	P P
Enter new mailing address, if applicable:	,	4: 06
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ords, enter the name of the new registered
Name of New Registered Agent:	Jack Ezzell	
New Registered Office Address:	Enter Florid	a 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 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>	<u>Name</u>	Address	Type of Action
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record specifies Lis tiled.	a delayed effe	ective date, bu	it not an e	ffective tin	ne, at 12:0	l a.m. on	he earlier	of: (b)	The 90	th day afte	er the
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