<pre>page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EXPRESS CORPORATE FILING SERVICE ING Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4994 Fax Number : (305)444-4977 **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please. Email Address:</pre>		Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.			
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LEGACY TRAN			7:35 FLORID
	ama of the Limited Liability Company a (A Florida Limited Liabi	e le now appears on our records. lity Company)	
The Articles of Organization for f Florida document number <u>L140</u>	this Limited Liability Company wer 00116235	e filed on <u>JULY 23, 2014</u>	and assigned
This amendment is submitted to a			
	e new name of the limited liability	company here:	
		<u></u>	
The new came must be distinguishable	and and with the words "Limited Liebility	Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices add	iress, if applicable:	<u> </u>	
(Principal office address MUST	BE A STREET ADDRESS)	·	
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B. If amending the registere registered agent and/or the new	d agent and/or registered office registered office address here:	address on our records,	enter the name of the
Name of New Registere	d Agent		······································
New Registered Office	Address:		
		Enter Florida street address	
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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.

City

If Changing Registered Agent, Signature of New Registered Acent

Zip Code

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _________(optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of Stare)

Dated FEBRUARY 09 2015 Signature of a member or authorized representative of a member PAMELA ALZURI Typed or printed name of signer

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