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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Life Success + Name of Limited Li	Legacy Partners LLC ability Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	following:
John	Name of Person
Life Suc	cess + Legacy Partners LCC Firm/Company 4
6300 Peli	can Bay Blvil 204 Address
Na ples City	F1 34108 //State and Zip Code
Jeongral Ji-mail address: (to be a	sed for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	at (239) 777 - 8995 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Cornorations	Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

Life Success	+ Legger Partners Lle
(<u>Name of the Limited Liability</u> (A Florida I	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 4/30/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	nnier rioriaa sireel aauress
	, 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>	Name	Address	Type of Action
AMBR	John Michael Leon	Naples FL34108	Add
		6300 Pelican BayBly	Remove
		Naplos FL34108	□Change
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		ffective date, but	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day a	fter the
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