L15000097055

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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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TELED 15 JUL 30 AM II: 51 SECRETARY OF STATE

JUL 3 1 2015 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Great XS Cope LLC 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:
Jody Achilles Name of Person
Firm/Company
6637 Pigeon Lane
Jupiter, FL 33458 City/State and Zip Code JLA 678 @ hotmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOUY Achilles at (607) 351-5788 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certifica

MAILING ADDRESS: 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

(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 150009705</u> 5	were filed on $\frac{6/3/15}{}$ and assign	ied
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Legends of XScape The new name must be distinguishable and contain the words "Limited Liabili		1 22
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	TALL 30	N. S.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEFF FLORID	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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>	Name	Address	Type of Action
			□ Remove
			Change
			Remove
			Change
			🗆 Add
			Remove
			☐ Change
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			Add Remove Add Add Remove Change Add Remove Change
			☐ Change
			TO D-Removel
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			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing: ASAP (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier) The 90th day after the record is filed.	of:
Dated 7 10 15	
Stoy Achilles Es	90828 7832 ⁸⁷
Signature of a member or authorized representative of a member	
Jody Achilles Typed or printed name of signee SE on	
RITE A	

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Filing Fee: \$25.00