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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NEW LEGACY HOMES 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:
DEREK LARSEN - CHAPEY Name of Person
PHEPS DUNBAR LLP Firm/Company
100 South Astruly DR., STE. 1900 Address
City/State and Zip Code CHANCUS PHORS. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 222 7677 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Solution Certificate of Status

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

SEP -4 PH 1: 43

NEW LEGACY H	Homes, LLC ny as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 15000 (13630</u>).	were filed on 6/39/15 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	J612 W. KENNEDY BLVD. TAMPA, FL 33609
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7612 W. KENNEDY BLVD. TAMPA, FL 33609
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	MPA Florida 33609 City Zip Code
	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
AMBR	BRANDON ROBERTS	112 N. 12TH STREET	Add
* >1 GAGE 21	SPRECT HIS NAME ON	#1606	🗆 Remove
50HB12	. IT IS NOT SERTS BRANDON."	TAMPA, FL 33602	∠ Change
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Filing Fee: \$25.00