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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLUS

Account Number : 120070000020

Phone : (813)435-3176

Fax Number ; (713) 429-1276

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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January 7, 2016

FLORIDA DEPARTMENT OF STATE

THE LAW OFFICE OF NICKS SPRADLIN Division of Corporations

SUBJECT: LEGENDS OF CONSTRUCTION, LLC

REF: W16000000776

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company, "I.C., " "LC., " "Ltd., " and "Co.'

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

FAX Aud. #: H16000004254 Letter Number: 816A00000349 01/07/2018 00:23

FIL #18.15 P. 003/005

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6065 Nw 167th street B3
Miami Lakes FL 33315
6065 Nw 167th street B3 Miami Lakes FL 33315
ffice address on our records, enter the name of the neve; Enter Floridu 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.

If Changing Registered Agent, Signature of New Registered Agent

01/07/2016 00:24

#1315 P.004/005

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

Title	Name	Address	Type of Action
AMBR	John Joseph	6065 Nw 167th street B3	Add
		Miami Lakes FL 33315	
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record specifies a delayed The 90th day after the rec	d effective date, but not an e ord is filed.	effective time, at 12:01 a	,m. on the earlier of:
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	Signature of a member or authorized r		

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