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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			<i>,</i>		
Legume 1, 1	LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	indence concerning this matter t	to the following:			
	Christopher B. Paul				
		Name of Person			
	Legume I, LLC				
		Firm/Company			
	· · · · · · · · · · · · · · · · · · ·	3			
	Deltona, FL 32725			CARTIN	
	cpaul@paulandelkind.com	City/State and Zip Code		SEP 23 PM 12: 02	
	E-mail address: (t	o be used for future annual report notific	cation)	PH	51 \ 33,
For further information c	oncerning this matter, please ca	II:); 2: 0;	
Christopher B. Paul		386 801-2515 at ()		المناز الماران	٠,
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end		

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**

Legume I, LLC					
(Name of the Limited (A	Liability Compa Florida Limited	any as <mark>it now appears on our record</mark> Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liab	ility Company	were filed on November 9, 201	5	and assigned	d
Florida document number L15000189930	·				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of th	e limited liat	oility company here:			
N/A					
The new name must be distinguishable and contain the word	ls "Limited Liab	lity Company," the designation "LLC	" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		505 Deltona Blvd., Ste. 105			
		Deltona, FL 32725			
				, , , , , , , , , , , , , , , , , , ,	$\frac{1}{2}$, $\frac{1}{2}$, $\frac{1}{2}$
Enter new mailing address, if applicable:		505 Deltona Blvd., Ste. 105		6 SEP	
(Mailing address MAY BE A POST OFFICE BO	OX)	Deltona, FL 32725		23	
				P1112:	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered o e address her	ffice address on our records e:	s, <u>enter the</u>	_	ne ne
Name of New Registered Agent:	N/A				
New Registered Office Address:	505 Deltona B				
	Enter Florida street address				
	Deltona		orida <u>³²⁷²⁵</u>		
		City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered 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
MGR	Melissa Morgan Paul	505 Deltona Blvd., Ste. 105	= Add
		Deltona, FL 32725	□ Remove
			☐ Change
			Add
			Remove
			□ Change
		***************************************	□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00