Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425+0077 Fax Number : (845)818-3588

 σ^{**} Enter the email address for this business entity to be used for further annual report mailings. Enter only one email address please.*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 8492 LEGEND CLUB LLC

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AUG 1 2 2020

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

8492 Legend Club LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	ion for this Limited Liability Company were filed on L15000206530	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ny Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		72
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
		E J
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the t	nante of the new regist
Name of New Registered Agent:		
New Registered Office Address:	<u></u> _	
	Enter Florida street address	
	, Florida	
	City	Zip Code

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> MGR	Name Pier S. Bjorklund	Address 205 Worth Avenue, Ste. 201-O	Type of Action
	-		= Add
		Palm Beach, FL 33480	□Remove
			□Change
MGR	Loretta A. Neff	205 Worth Avenue, Stc. 201-O	□ v44
		Palm Beach, FL 33480	
MGR	Jean Neff-Schroeder	205 Worth Avenue, Ste. 201-O	_
		Palm Beach, FL 33480	
			■ Remove
			Change
			□Add
			Remove
			□Change
	<u></u>		□Add
			Remove
			□Change
			□Remove
			□Change

				
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the December 2.	n be specific and cannot be prior ock does not meet the applic	to date of filing or more than able statutory filing requi	(optional) 90 days after filing.) Pursuant rements, this date will not b	to 605.0207 (3) be listed as the
the record specifies a delayed effective peard is filed	e date, but not an effective ti	me, at 12:01 a m on the o	earlier of: (b) The 90th da	y after the
August 10 Dated	2020			
	Signature of a member or author	ori od representative of a me	mber	_
Pier S. Bjorklund	The state of the s			
<u> </u>	Typed or mint	ed name of signee		_

Filing Fee: \$25.00