L160000020046

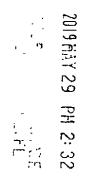
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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R. WHITE JUN 15 2019

COVER LETTER

Div	ision of Corp	porations		
EUDIECT.	Legends of			
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	all correspo	ndence concerning this matter	to the following:	
		Frank Levy		
			Name of Person	
		Legends of Soul, LLC		
			Firm/Company	
		17111 Shelby Lu		
			Address	
		North Fort Myers, FL 3391	7	
		drlevy@angioadvancements	City/State and Zip Code s.com	
		E-mail address: (t	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
Frank Levy			239 826 5699 at ()	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
B \$25,00 l	Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

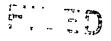
TO:

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**



Legends of Soul, LLC

Chame of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi	ility Company were filed on January 28, 201	6 and assigned
Florida document number L16000020046	·	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent:	registered office address on our recor	ds, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida street addr	
		Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Reg	ristered Agent:	•
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change in the registery.	and complete performance of my duties, or red agent as provided for in Chapter 605 gistered office address, I hereby confirm t	and I am familiar with and i, F.S. Or, if this document is

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

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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	May 21 2019
	Signature of a member of author ded representative of a member
	Commission of Commission American American Architecture of the contract of the

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00