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(Requestor's Name)  (Address)  (Address)	800304135148
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	18/83/1781808823 *+38.88
(Document Number)  Certified Copies Certificates of Status	SEC IALL
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Legacy Tra	iding, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Riley		
		Name of Person	<del></del>
	Legacy Venture Fund, LLC	C	
		Firm/Company	
	145 Lincoln Ave., Ste. B		
		Address	
	Winter Park, FL 32789		
		City/State and Zip Code	
	luu@rockproperties.us	to be used for future annual report n	
		·	otheanon)
For further information c	oncerning this matter, please ca	all;	
John Riley		407 478-8220 at ( )	
Name o	f Person		ime 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 Status & Certified Copy (additional copy is enclosed)

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

Legacy Trading, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Dability Company)	
ne Articles of Organization for this Limited Liability Company orida document number <u>L16000075437</u> .	were filed on 04/18/2016	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	145 Lincoln Ave., Ste. B	
	Winter Park, FL 32789	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
	D	
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		r the name of the
		17 C
Name of New Registered Agent:		AHAMA CONT.
New Registered Office Address:		SSE 3
new registered office Address.	Enter Florida street address	9 3 17
	Florida _	ES 7 D
	City	Zip Cycle

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>	Name	<u>Address</u>	Type of Action
MGR	John A. Riley	4090 Scarlet Iris PI.	
		Winter Park, FL 32792	■ Remove
			Change
MGR	Legacy Venture Fund, LLC	145 Lincoln Ave., Ste. B	<b>⊟</b> Add
		Winter Park, FL 32789	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00