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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: American Legacy Group, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luz Marina Whitaker-
Amorican Legacy Group, LLC.
10524 Moss Park Pd Ste 204/145
Orlando Fl. 32832. City/State and Zip Code
E-mail address: (to be used for future annual apport notification)
For further information concerning this matter, please call:
Name of Person at (407) 300-1461 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certificate of Status & 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)	15/1
ARTICLES OF O	RGANIZATION	201
OF	7	20/6 OCT /
Merican Lega (Name of the Limited Liability Compania) (A Florida Limited Liability Compania)	CY GOUD L y as it now appears on our records ability Company)	2016 OCT 14 AM 11:29 LOLAHARA OF STATE SEE, FLORING
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 16 0001385</u> 47	vere filed on $07/25$	1.6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
NIA	- Samo	
The new name must be distinguishable and contain the words "Limited Liabilit		or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	M / Λ	
• • •		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	~/A	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:		, enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	}
		orida
	City (Zin Code

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

Type of Action Title Address Name Sara J. Villamarin 6265 Contessa Dr. #305 Orlando, Fr. 32829. □ Remove ☐ Change AMBR Luz Whitaker 9935 Shadow Creek Digadd ☐ Change □ Add ☐ Remove □ Add □ Remove Change □ Add ☐ Remove ☐ Change

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effective date is te: If the date i	other than the disted, the date must inserted in this blowe date on the De	be specific an ck does not:	d cannot be prior meet the applic	able statutory filir	nore than 90 days	optional) after filing.) I , this date w	Pursuant to 605.02 ill not be listed a
	fies a delayed after the reco			t an effective	time, at 12:	01 a.m. o	n the earlier
	112		. 2016	<u>)</u> .			

Page 3 of 3

Filing Fee: \$25.00