## L16000139352

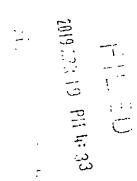
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## **COVER LETTER**

Division of Con			
SUBJECT: Savla	an & Edelkopf L	LC	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sui	bmitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Edel	kopf	
		Name of Person	<del></del>
		Firm/Company	
	2207 NE 7th	St	
		Address	
	Hallandale B	each FL 33009	
		City/State and Zip Code	
	yossi@legacycrep	artners.com to be used for future annual report notif	icution
For further information e	oncerning this matter, please o	•	5056ph Edclkaph 845.596.201
Yossi Edelko	opf		845.596.201
· · · · · · · · · · · · · · · · · · ·	f Person	at ( 954 ) 5072453 Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Savlan & Edelkopf LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L16000139352 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Legacy Partners Fund 1 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2207 NE 7th St Enter new principal offices address, if applicable: Hallandale Beach FL 33009 (Principal office address MUST BE A STREET ADDRESS) 2207 NE 7th St Enter new mailing address, if applicable: Hallandale Beach FL 33009 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_

## 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.

Cirv

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			Remove
			Change
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			Remove
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Effective date, if other than the date of a (If an effective date is listed, the date must be specified. Note: If the date inserted in this block does document's effective date on the Departmen	fic and cannot be prior to date not meet the applicable st	of filing or more than 90 days	<b>optional)</b> after filing.) Pursuant to 605.0207 ( s. this date will not be listed as t
the record specifies a delayed effecti ) The 90th day after the record is fi	ive date, but not an e iled.	effective time, at 12:	01 a.m. on the earlier of:
Dated 4/5/2019	11		
	12821	epresentative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00