

L16000142902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

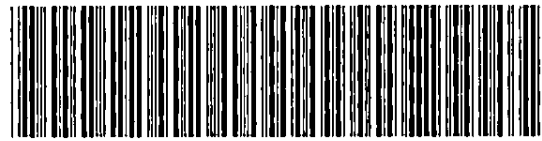
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



400353629914

RECEIVED

2020 OCT 13 PM 12:25

Division of State Office  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2020 OCT 13 AM 8:34

C. GOLDEN

OCT 14 2020

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO :** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM :** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 10/9/2020

**PRIORITY** Routine

**OUR REF # (Order ID#)** 856469

**ORDER ENTITY**  
LEGACY ASSET VENTURES LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**LEGACY ASSET VENTURES LLC (FL)**

File the attached amendment

**NOTES:**

\$25.00 Authorized  
Email address for annual report reminders: your1attorney@gmail.com

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the initials "MS" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



**The Mattran Group**  
1549 Ringling Boulevard | Suite 500 | Sarasota, FL | 34236  
Phone (941) 365-5151 | Fax (941) 365-1869  
[www.mattrangroup.com](http://www.mattrangroup.com)

October 12, 2020

Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street  
Tallahassee, FL 32303

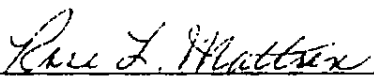
RE: Letter of Consent to use similar name  
Sales Consultants of Sarasota Inc.

Dear Sirs,

Sales Consultants of Sarasota Inc., a Florida corporation filed under document No. K43049, hereby gives Legacy Asset Ventures LLC, a Florida limited liability company, consent to use the name "Sales Consultants of Sarasota" to for Legacy Asset Ventures LLC to amend its LLC name to use Sales Consultants of Sarasota LLC in Florida.

Please contact the undersigned in you have any questions. Thank you for your assistance.

Sales Consultants of Sarasota Inc.

  
By: Rose L. Mattran, its president

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

2016 JUL 29 10:08:34

LEGACY ASSET VENTURES 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 July 29, 2016 and assigned Florida document number L16000142902.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Sales Consultants of Sarasota LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

n/a

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

n/a

**(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:

n/a

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 9, 2020

Heather Yates  
Signature of a member or authorized representative of a member

HEATHER YATES  
Typed or printed name of signer

Filing Fee: \$25.00