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COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT: D. Le	gend Enter		
	N	ame of Limited Liabil	ity Company
Dear Sir or Madam:			
The enclosed Statement	of Correction and fee(s) ar	e submitted for filing.	
Please return all correspo	endence concerning this m	atter to the following:	
David Lintn	er		
	Name of Person		
	Enterprises	LLC 1	
Registration in			
514 Dryder	Circle Address	-	
A SHOTE TO LE	Address		
Cocoa FL,	32926	a tupite of	• (
City Art	ty/State and Zip Code		
	2007@gmai	il.com	
	be used for future annual		
,			
For further information c	oncerning this matter, ple	ase call:	
David Lintn	er	, 90 4	778-6985 Daytime Telephone Number
Name o	f Person	Area Code	Daytime Telephone Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	ircle	F I F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314
Enclosed is a check for	the following amount:		
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)			

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	T: The name of the limited liability company is: D. Legend Enterprises LLC	
SECO THIRI	LLC Name : Add authorized persons	
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: D. Legend Enterprises LLC - Correction: D Legend Enterprises LLC	
	Add authorized persons: David Lintner 514 Dryden Circle Cocoa FL, 32926	
	OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction as follows:	A TREET, TO
	<u></u>	
	The electronic transmission of the record was defective.	
	Signature of Authorized Representative Date	
	ure of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must significantly ing the designation).	gn
I hereb provisi obligat reflect	registered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the tions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mer a change in the registered office address, I hereby confirm that the limited liability company has been notified in write change. Registered Agent's Signature	ely
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	