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S. WARREN AUG 3 1 2017

COVER LETTER

TO: Registration Section Division of Corpor				
subject: <u>Lega</u>	CY Prof	ed Liability Company	Servic	es LLC
The enclosed Articles of Am	endment and feets) are subm	sitted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
	Bria	Name of Person	e	
		Firm/Company		
	4855	<u>Oriole</u>	Dr.	
	St. Clouc	City/State and Zip Code	34772	
-	H-mail address (to	Fee hot	mal C	0m
For further information conc	erning this matter, please cal	i :		
Brian Name of Pe	Jaite	at (<u>467</u>) Area Code	552-1 Daytime Telepho	8107 ne Number
Enclosed is a check for the fo	ollowing amount:			
1	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encle		\$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 Professi Name of the Limited Liability Composition (A Florida Limited	onal S	ervices LLC
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 17000 5997	y were filed on	i 1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	la street address
	City	, Florida 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 diability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brian Waite	4855 Oriole Dr.	
		4855 Oriole Dr. St. Cloud, FL 3477	2_ 🗆 Remove
			Change
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		. (*1)				
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reffective date is lis te: If the date ins :ument's effective record specifie	ted, the date must be speci- erted in this block does date on the Departmen	s not meet the applical at of State's records. tive date, but not	ble statutory filing required an effective time			isted a:
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n effective date is lister. If the date insecument's effective record specific	ted, the date must be specified in this block does date on the Department as a delayed effect fter the record is f	s not meet the applical nt of State's records. sive date, but not filed.	an effective time JW 2017	, at 12:01 a.m.		rlier o

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