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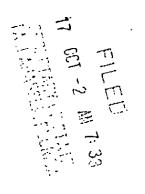
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D. SCOTT 0CT 3 2017

## **COVER LETTER** ŝ

TO:		ntion Section of Corporations		•		
SUBJE	ECT:	LEUENDA	Name of Limi	Solumeons, LLC ted Liability Company		
The en	closed Art	icles of Amendme	nt and fee(s) are subi	nitted for filing.		
Please	return all c	correspondence cor	iceming this matter (	to the following:		
		h	YHLE MELLI	Name of Person		
		LEI	DENDARY É	EALTY SOLUTEONS, I		
		<u> 143                                   </u>	11 Spame	HELL DR., SUETE 435 Address		
		<u>_عو</u> د_		City/State and Zip Code		
			Kure Mare E-mail address: (t	o be used for future annual report notif	ication)	
For fur	ther inforr	mation concerning	this matter, please ca	ill:		
	Dau	SPENCER Name of Person		at (_352_)585 Area Code Daytimo	7860 Telephone Number	FILE!
Enclos	ed is a che	ck for the followin	g amount:			
□ \$2:	5.00 Filing	,	00 Filing Fee & nificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee.  Certificate of Status &  Certified Copy  (additional copy is enclosed)	: 30 70

TO:

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

LEUENDARY REAL	TY Sow sears, U.C. Bity Company as it now appears on our records.)
(A Florid	la Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number <u>LVOOOTSIS</u> This amendment is submitted to amend the following:  A. If amending name, enter the new name of the lim	1. 1545-0003 EIN: 82-1103917
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ade	istered office address on our records, <u>enter the name of the new</u> <u>dress here</u> :
New Registered Office Address:	Enter Florida street address Florida
	City Zip Code
N. D. Carlotte and Constitution Designation	and A mana.

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Sucre 435	□ Remove
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Filing Fee: \$25.00