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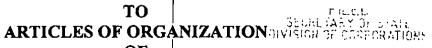
COVER LETTER

TO:	Registration Sec Division of Corp				
CUBIE	Legacy Parc	LLC			
SUBJE	.Cr:	Name of Limit	ted Liability Con	npaný	
		Amendment and fee(s) are subm			
i rouse :	otum un contospo	James K. Duerr, CPA			
			Name of P	Person	
		Small Business Resources U	JSA, Inc.		
			Firm/Com	pany	
		1601 Park Center Drive, Sta	e. 6A		
			Addres	is	
		Orlando, FL 32835			
			City/State and	Zip Code	
		JimD@sbrorlando.com			
For fur	ther information co	e-mail address: (if		are annual report notific	cadon)
		and an	407	298-4646	
	K. Duerr, CPA	70	at (<u> </u>	T-lk Wk
	Name of	Person	Area (Code Daylime	Telephone Number
Enclose	ed is a check for th	e following amount:			
\$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional	· '	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssce, FL 32314		STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT

OT

OF



17 JUL 3 | PH 12: 39

Legacy Parc LLC	
Name of the Limited Liability Compan (A Florida Limited Li	y as It now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi	were filed on July 18, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	ry Company," the designation "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 off registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	zap code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and royided for in Chapter 605, F.S. Or, if this document is
If Chang	ging Registered Agent, Signature of New Registered Agent

GR = N MBR = A	lanager Authorized Member		
<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Action
GR	Legacy Parc LLC	1809 E. Broadway St., Ste. 345	
		Oviedo, FL 32765	■ Remove
			□ Change
OR	AOTD Holdings, LLC	1809 E. Broadway St., Ste. 345	
		Oviedo, FL 32765	□ Remove
			Change
			D Add
			П Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		 -	
 			
	· · · · · · · · · · · · · · · · · · ·		
			
	Immediately		
	late, if other than the date of filing:	ant to 605.()207 (3)
	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not effective date on the Department of State's records.	ot be listed	d as the
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th h day after the record is filed.	e earlie	r of:
July Dated	20 2017		
			
-	Signature of a member or authorized representative of a member	— — J	15. A.
J	James K Duerr, CPA / Organizer / Registered Agent / Representative	JUL 3	- 22.2 - 22.2 - 23.2
_	Typed or printed name of signee		
		PH 12: 39	
	Page 3 of 3	'. [.]	915 715
	Filing Fee: \$25.00	Q	7.