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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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	Registration Solivision of Col			
SUBJEC	**	RESORTS EAST LLC		
300,00	••	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		PHILIP JALUFKA, C/O S	TEPHANIE KELLY	
		-	Name of Person	
		LEGACY RESORTS EAS	ST LLC	
			Firm/Company	
		2101 LAKEWAY BLVD S	SUITE 130	
		-	Address	
		LAKEWAY, TEXAS 7873	i-4	
		TGRAY@LEGACYIRP.CC	City/State and Zip Code DM	
		E-mail address: ()	to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please ca	all:	
STEPHAN	HE KELLY		432 352-5120 at ()	
	Name o	f Person		: Telephone Number
Enclosed is	s a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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 RESORTS EAST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	were filed on 9/25/2017 and assigned?
The Articles of Organization for this Limited Liability Company	were filed on 9/25/2017 and assigned and assigned
Florida document number 1.17000198534	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	oility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1503 CHAMPIONS GATE BLVD WEST
(Principal office address MUST BE A STREET ADDRESS)	DAVENPORT, FLORIDA 33896
Enter new mailing address, if applicable: VILLE TO SAME (Mailing address MAY BE A POST OFFICE BOX)	2101 Laternay Blvd. Ste. 130 Laternay TX 78734
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
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>	Type of Action
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			Remove
			Change
			□ Add
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