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COVER LETTER

	egistration Se livision of Cor			
SURJECT	Legacy Nat	ion Unlimited LLC		
30bJi.C	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Jaydian J. Miller		
			Name of Person	
		Legacy Nation Unlimited	LLC	
			Firm/Company	
		10425 Autumn Place Drive	e Apt. 101	
		<u> </u>	Address	
		Tampa, Florida 33637		
			City/State and Zip Code	
		jmillercompany1@gmail.co		
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifiall:	fication)
Jaydian J.	Miller		407 885-2710	
_	Name o	f Person	at () Area Code Daytime	e 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)
	lailing Addres egistration S		<u>Street Address;</u> Registration Sec	etion
D	ivision of C	orporations	Division of Cor	porations
	.O. Box 632 allahassee, I		The Centre of T	allahassee e Street, Suite 810
	uiiussee, I	D 24217	717 IV. MICHOL	Succe, June 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Nation Unlimited LLC		
(<u>Name of the Limited Liability Comr</u> (A Florida Limited	pany as it now appears on our records I Liability Company)	<u>v)</u>
The Articles of Organization for this Limited Liability Compan Florida document number L17000212192	y were filed on 10/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Legacy Nation Sports Group LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		·
		<u> </u>
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		;
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	r,mer r tortaa street daaress	y
	, Flo	orida
New Registered Agent's Signature, if changing Registered Agent		r.ip com
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	– gree to act in this capacity. I fur te performance of my duties, an provided for in Chapter 605, I	nd I am familiar with and F.S. Or, if this document is

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 = M AMBR = A	lanager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			Dbb∧
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			□Change
			□Add
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Effective date, if other than the date from effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be price does not meet the appli	or to date of filing or mor cable statutory filing	(optional) e than 90 days after filing.) F requirements, this date w	ursuant to 605,0207 (ill not be listed as t
e record specifies a delayed effective da ed is filed.	ate, but not an effective	time, at 12:01 a.m. or	the earlier of: (b) The	90th day after the
Dated	. 2024	·		
	ulles mature of a member or aut			

Filing Fee: \$25.00