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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: The Lega	cy Law Firm, PLLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Christine Schafer		
		Name of Person	
	The Legacy Law Firm,	PLLC	
		Firm/Company	
	7401 Wiles Road		
		Address	
	Coral Springs, FL 33067		
		City/State and Zip Code	
	Christine@ModernLegacy	· -	
	<del>-</del>	to be used for future annual report not	lication)
For further information c	oncerning this matter, please c	all:	
Christine Schafer		at (_954) 999-9683	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Cor	rporations
P.O. Box 6327		The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Legacy Law Firm, PLLC		
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed or	n 11/27/2017	and assigned
Florida document number L17000242294		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADDRESS)		
		150
Enter new mailing address, if applicable:		~ *
WALL - ALL WAY DE A DOST OFFICE DOW		:
		<del></del>
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the nan</u>	ne of the new regi
Name of New Registered Agent:	<del></del>	<del></del>
New Registered Office Address:	r Florida street address	
Ciny	, Florida	7in 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>	Address	Type of Action
AMBR	JACQUELINE M. LOVE	7401 WILES ROAD, CORAL SPRINGS, FL 3306	7_ <b>8</b> 9 Add
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	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	(optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (aft the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the selfective date on the Department of State's records.
e record rd is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	November 20, 2024
mou <u>.</u>	
	Signature of a member or authorized representative of a member
	Christine A. Schafer
	Typed or printed name of signee

Filing Fee: \$25.00