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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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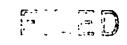
R. WHITE JUL 15 III

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JSLEGACY, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DARIENE A. JAMES
JSLEgacy Premier Business Service
1530 Raintee LN
Punta Gorda, 71 33983 City/State and Zip Code
daj @ is kgacy / C. Com -mail aldress: (to bused for future annual report notification)
For further information concerning this matter, please call:
DARIENT at 305, 925 - 9776 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
CHeck#114
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 JUL - 3 PM 5: 46

<u> JS Legacy</u>	12 C		-	1
(Name of the Lijmie)	A Florida Limited	ny as it now appears o Liability Company)	n our records.)	1
The Articles of Organization for this Limited Lia		were filed on	1/02/201	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, <u>enter the new name of t</u>	the limited liab	ility company here	:	
The new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the desig	gnation "LLC" or the ab	breviation *L.L.C."
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	'ADDRESS)	 -	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			•	
Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office.			ur records, <u>enter</u>	the name of the
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 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 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 a or removed from our records:

MGR = M AMBR = A	lanager .uthorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Actio
MGR	JSLegacu Busir	Premier ress Services	1530 Raintree LN Punta Gorda, FL 3398	Add _□ Remove
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Signature of a member or authorized representative of a member		Signa	ure of a member or autho	rized representative of a	member	
		20015				
DAR lene H JAMES Typed or printed name of signee		DARlene	Typed or printe	d name of signee		
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Page 3 of 3 enclosed			Раде	3 of 3	on 1	250d

Filing Fee: \$25.00

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