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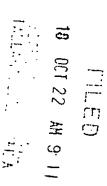
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Name of Person Legacy Planning Law Group Firm/Company 3430 Kori Rd., Ste. 4 Address Jacksonville, FL 32257 City/State and Zip Code jeanette@legacyplanninglawgroup.com E-mail address: (to be used for future annual report notification)				
Name of Limited Liability Company The enclosed Articles of Amendment and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jeanette Saville Name of Person Legacy Planning Law Group Firm/Company 3430 Kori Rd Ste. 4 Address Jacksonville, FL 32257 City/State and Zip Code jeanette@legacyplanninglawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeanette Saville 904 880-5554 at (
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Name of Person Area Code Daytime Telephone Number				
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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 Planning Law Group Fiduciary Services, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/26/2018 and assigned Florida document number L18000050613 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 3430 Kori Road, Suite 4 New Registered Office Address: Enter Florida street address Jacksonville

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:

$\dot{M}GR =$	Manager
AMBR =	Authorized Member

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