# 118000056624

(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Dusiness Entity Name)			
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2018 APR 12 PM 1: 46
SECRUTARY OF STATE

J. LEGGETT APR 1 3 2018

## **COVER LETTER**

TO:		stration Sect ion of Corpo			
emo ie		egion Motor			
SUBJE	.C1; _			ted Liability Company	
The enc	closed A	Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please r	return a	ill correspond	lence concerning this matter	to the following:	
			Bonny Brewer		
				Name of Person	
			Legion Transportation, LLC	C	
				Firm/Company	
			301 E. Pine Street, Suite 85	50	
				Address	
			Orlando, FL 32801		
				City/State and Zip Code	
			bonnyb@legiontitle.com		
			E-mail address: (t	o be used for future annual repor	t notification)
For furt	her inf	ormation con	cerning this matter, please ca	ll:	
Bonny	Brewe	÷		407 986-423 at ()	34
		Name of F	erson	Area Code D	aytime Telephone Number
Enclose	ed is a c	heck for the	following amount:		
\$25	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	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

### LEGION MOTORS, 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 March 5. 2018 and assigned

Florida document number L18000056624

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Legion CDJR, LLC

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 ne registered agent and/or the new registered office address here:

### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Florida

Zip Code

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
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			Remove
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	ust be specific and cannot be prior to date of t block does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 tory filing requirements, this date will not be listed as
e record specifies a delay The 90th day after the re	ed effective date, but not an effectord is filed.	ective time, at 12:01 a.m. on the earlier of
	2018	
April 6		
April 6	Donny Drewer Signature of a member or authorized representation	

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Filing Fee: \$25.00