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(Re	equestor's Name)	
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COVER LETTER

SUBJECT:	icles of A	Name of Limit	-	
The enclosed Arti	icles of A	Name of Limit	nitted for filing.	
		dence concerning this matter t	-	
		dence concerning this matter t	-	
Please return all c	correspon		o the following:	
		HECTOR MICHELENA		
			Name of Person	
		LEGACY TRUST, LLC		
			Firm/Company	,,,,, <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		201 LAKEVIEW DR APT	201	
			Address	
		WESTON, FL 33326		
			City/State and Zip Code	
		hectormichelena@gmail.cor	n o be used for future annual report notifi	ication)
For further inform	mation co	ncerning this matter, please ca	•	
HECTOR MICH	IELENA		954 759.1560 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a che	eck for th	e following amount:		
■ \$25.00 Filing	g 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 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

LEGACY TRUST, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number L18000062511	,	-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
LEGACY PROPERTY INVESTMENTS, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
		<u></u>
		€ 8
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Contract to
		700 700
B. If amending the registered agent and/or registere	d office address on our records,	enterathe name of the no
registered agent and/or the new registered office address	here:	36 40 8
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	<u>, , , , , , , , , , , , , , , , , , , </u>
	To a	· a .
	, Flori , Flori	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 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** _ Add _□ Remove ☐ Change _ Add _□ Remove _□ Change _□ Add □ Remove ☐ Change □ Remove _□ Change _ Add

□ Remove

□ Change

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	*****	···	
Effective date, if other than the date of filing: (option of the date of filing or more than 90 days after	onal)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not b	e listed	1207 (3) d as the
ne record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	$oldsymbol{a}$.m. on the $oldsymbol{\epsilon}$	arlier	r of:
Dated MARCH 15 . 2018			
Mart 1			
Signature of a member or authorized representative of a member	-	_	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00