## 18141000014181

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500437467055

10/02/24--01034--012 \*\*43.75

2024 NOV 25 PM 4: 51 SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section

Div	ision of Cor	porations				
	Legion Gra	phics LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Stephanie Denson				
			Name of Person		•	
		Legion Graphics LLC				
			Firm/Company		•	
128 Holiday Court, Suite 114				2024 NOV 25 PH 4: 51 SECRETARY OF SIAT		
			Address		FE 9	
					25 ARY	
		Parallia TN 27047	City/State and Zip Code	<u> </u>	- SSEE S	
		Franklin, TN 37067 E-mail address: (	to be used for future annual report no	tification)	四三	
For further i	nformation c	oncerning this matter, please ca		ŕ	(*** <del>*</del>	
Stephanie D	enson		731 439-7625 at ()			
	Name o	f Person	Area Code Daytii	me Telephone Numbe	г	
Enclosed is	a check for th	ne following amount:				
☐ \$25.00 Filing Fee			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
	niling Addres		Street Address:	action		
Registration Section Division of Corporations			Registration Section Division of Corporations			
Р.6	O. Box 632	.7	The Centre of	Tallahassee	24.0	
Ta	llahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 8	310	

Tallahassee, FL 32303



November 5, 2024

STEPHANIE DENSON 128 HOLIDAY COURT SUITE 114 FRANKLIN, TN 37067

SUBJECT: LEGION GRAPHICS, LLC

Ref. Number: L18000074181

We have received your document for LEGION GRAPHICS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Select one type of action for Stephanie Denson and John denson.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

M. WW. 25 C. T. B.

Letter Number: 824A00023066

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legion Graphics LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LIC" or the abbrevious in LiC"
Enter new principal offices address, if applicable:	128 Holiday Court, Suite 114
(Principal office address MUST BE A STREET ADDRESS)	Franklin, TN 37067
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	Franklin, TN 37067  Franklin, TN 37067
Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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.

11 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

Title	<u>Name</u>	Address	Type of Assis
D	Stephanic Denson	128 Holiday Court, Suite 114	Type of Action
		Franklin, TN 37067	———— <b>≡</b> Add
			□ Remove
		128 Holiday Court, Suite 114	
P	John Denson	Franklin, TN 37067	————□Add
			□Remove
			2024 NOV 25 PH SEGRETARY OF TALLAHASSE
			Change SO Add
			——— □Remove
			———— Change
			□Add
			□ Remove
			□Change
			———— □Add
			□Remove
			□Change

	company.					
			<del></del>			
		<u> </u>	· <u>- </u> ·			
		<del></del>	·			
						•
			<u></u>			
				SE	7024NOV	<b>.</b> 4
				P.A.	20	
		<del></del>		===	13 (	
				72	- T	**************************************
				E SE	=	تمهييا
	-			PE	50	-
					<del>'</del>	-
	. <u>.</u>				-	-
ffective date, if other than the date of filing	g:	<u>-</u>	(optio	nal)		
an effective date is listed, the date must be specific and lote: If the date inserted in this block does not n	cannot be prior to neet the applicab	date of filing or mo le statutory filing	re than 90 days after t requirements, this	filing.) Pı date wil	rsuant to 605 I not be list	5.020 ted a
ocument's effective date on the Department of S			·			
record specifies a delayed effective date, but not list filed.	an effective time	e, at 12:01 a.m. or	the earlier of: (b)	The 9	0th day afte	er the
is theu.						
ated October 29,	7074					
aleu,		. •				
	$\Lambda$ $1$ $1$ $\Lambda$	^				
	()///	zed representative of				