## 118000085674

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## **COVER LETTER**

Div	ision of Cor	porations	·	
SUBJECT:		egacy Leaders LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all co <del>rre</del> spo	ndence concerning this matter	to the following:	
		Rence South Hendricks		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Financial Legacy Leaders	LLC	
			Firm/Company	
		941 SW 68th Ave		
			Address	
		N Lauderdale, FL 33068		
		reneesouth@gmail.com	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		E-mail address: (	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please co	all:	
Renee South	h Hendricks		954 818-1815	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

Financial Legacy Leaders LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	is.)
ne Articles of Organization for this Limited Liability Comp	any were filed on 04/04/2018	and assigned
orida document number L18000085674		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC	"or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS	ù <u></u>	
		<u> </u>
		÷ 00
nter new mailing address, if applicable:		- 17
Mailing address MAY BE A POST OFFICE BOX		
		<u> </u>
. If amending the registered agent and/or registered agent and/or the new registered office address		s, enter the name of the
gisteren agent anwor tile new registeren omte auuress	nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	rs.
		orida
	City	Zin 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>	<u>Address</u>	Type of Action
MGR	Howard C. Hendricks		
		941 SW 68TH AV N LAUDERDALE, FL 33068	
		N LAUDERDALE, FL 33008	Remove
			Change
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			Add
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	5: 17 SHIPA	
OCT 8, 2018  E. Effective date, if other than the date of filing:	<i>्र</i> े (optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	than 90 days after filing.) Pursuant to	
If the record specifies a delayed effective date, but not an effective times (b). The 90th day after the record is filed.	ne, at 12:01 a.m. on the ea	arlier of:
Dated OCT 8 2018		
Pouce Coal		<b>.</b>
Signature of a member or authorized representative of	d member	-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00