118000219699

(Requesto	or's Name)
(Address)	<u></u>
(Address)	
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
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COVER LETTER

Division of Cor	porations		
	nlimited, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mary A. King		
		Name of Person	
	Legacies Unlimited, LLC		
		Firm/Company	
	6387 Warwick Avenue		
		Address	
	Naples, Florida 34113		
	lacey328@yahoo.com	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	all:	
Mary King		239 595-0791 at ()	
Name c	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing 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**

THE LET

Legacies Unlimited, LLC		FILED	
(Name of the Lim	ited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Clability Company)	
The Articles of Organization for this Limited I Florida document number L18000219699	iability Company	were filed on September 14, 2018 and assigned and assigned FALLAHASSEE, FEORIGA	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	6387 Warwick Avenue	
(Principal office address MUST BE A STRE		Naples, Florida 34113	
Enter new mailing address, if applicable:		6387 Warwick Avenue	
(Mailing address MAY BE A POST OFFICE	`ROX)	Naples, Florida 34113	
B. If amending the registered agent and registered agent and/or the new registered o	~	ffice address on our records, enter the name of the nev	
Name of New Registered Agent:	Alan G. Goodridge		
New Registered Office Address:	6387 Warwick	Avenue	
-		Enter Florida street address	
	Naples	Florida 34113	

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 mv 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

MGR = M AMBR = Ai	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Laurence E. Sturtz, Esq	3421 Pointe Creek Court, #106	
			Add
		Bonita Springs, Florida 34134	■ Remove
			- Remove
			Change
			□ Remove
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Effective date. If other than the date of filing: (optional)	
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