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2020 MAY -4 PH 2:58

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TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Legion Development Group, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: James S. Byrd Name of Person James S. Byrd, P.A. Firm/Company 301 E. Pine Street, Suite 850 Address Orlando, FL 32801 City/State and Zip Code jim@byrdpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James S. Byrd Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legion Development Group, LLC

2020 MAY -4, PH 2:58

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(in televiore and in the contract of the contr	menty company	•	
The Articles of Organization for this Limited Liability Company	were filed on Novembo	er 5. 2018	and assigned
Florida document number L18000259428			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Legion Property Holdings, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbr	eviation "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 a	ddress on our record	s, enter the name	of the new regi
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
Now Regimered Office (Manega).	Enter Florida stre	vet address	
	. Florida City Zip Code		
	City	, FIOTUA	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
	anto not in this non-	in I Gontham a	
I hereby accept the appointment as registered agent and agre	ч ю асыныны сарас	uy. 1 juriner agre	e to compty wi

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	2020 MAY - 4 PH 2	2: 58
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Fective date, if other than the date of filing: April 24 in effective date is listed, the date must be specific and cannot be priote: If the date inserted in this block does not meet the applicament's effective date on the Department of State's record	for to date of filing or more than 90 days after filing.) Pursuant to 605.020 licable statutory filing requirements, this date will not be listed a
sument's effective date on the Department of State's record	us.
ecord specifies a delayed effective date, but not an effective is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted 04 · 24 · 2020	—·
Jignature of a member or au	uthorized representative of a member
1	
Claudia Correa, Authorized Representative	

Filing Fee: \$25.00