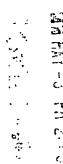
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Office Use Only



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COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company			
	Name of Lim	med Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	The state of the s		
Please return all correspo	ondence concerning this matter	to the following:			
	Isaiah D. Coffey				
		Name of Person			
	Legacies of Legacies, LLC	C			
		Firm/Company	4 11		
	5183 Wellington Park Cir Apt C-46	cle			
		Address			
	Orlando, Florida 32839				
		City/State and Zip Code			
	Isaiah D. Coffey				
	E-mail address: (to be used for future annual report notifi	cation)		
For further information of	oncerning this matter, please c	all:			
Isaiah D. Coffey		404 563-3174			
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	ne 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 Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

· TO:

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**

ARTICLES OF	AMENDMENT	
T	0	Ø.
ARTICLES OF C	RGANIZATION	The state of the s
O	F	19 3/A
•	•	*** _*
Langua of Lauraina LLC		
League of Legacies, LLC	ny as it now appears on our recor	de) S
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	03.)
The Articles of Organization for this Limited Liability Company	were filed on 01/29/2019	_ and assigned
	were med on	and assigned
Florida document number L19000030288		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL!	C" or the abbreviation "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)		
		
D. If amanding the registered agent and/av registered of	Mice address on our record	de antor the name of the name
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		is, enter the name of the new
registered agent and/or the new registered office address her	<u> </u>	
Name of New Registered Agent:		
New Basistand Office Address		
New Registered Office Address:	Enter Florida street addre	252
	2	
	_ _	lorida
	City	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
MGR	Isaiah D. Coffey	5183 Wellington Park Circle Apt C-46	
		Orlando, Florida 32839	
			☐ Change
			□ Remove
			Change
 -			Add
		.	□ Remove
			Change
			Remove
			Change
			Add
			Remove
			□ Change
			Add
			☐ Remove
			□ Change

1				_
				
				
ffective date, if other than the an effective date is listed, the date in sorted in this ocument's effective date on the	block does not meet the	applicable statutory	or more than 90 days after filing requirements, this	onal) filing.) Pursuant to 605.0207 date will not be listed as
e record specifies a delay The 90th day after the re		out not an effecti	ve time, at 12:01 a	.m. on the earlier of
Pated April 23	2019	· .		
	Torish 11	m 1 11.1		
	Switcher 9.	111. 6000		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00