L19000041790

(Requestor's Name)	
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(Business Entity Name)	
(Document Number)	
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2020 SEP 21 AM 8: 38
SECRETARY OF STATE

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COVER LETTER

SUBJECT:	Legions I	Financial, LLC	
30001.	Name of Lim	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:	
		Kevin Williams	
		Name of Person	
		Owner	
		Firm/Company	
		19730 nw 12 Court	
		Address	
		Miami, FL 33169	
	_	City/State and Zip Code	
		realk24@bellsouth.net	
For further information of	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notifi	cation)
	oncerning this matter, please ea		
Kevin Williams		786 252-2791 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

I OWN IT INV	ESTMENTS, LLC	2020 SEP 21 AM 8: 38
(Name of the Limited Liab (A Flor	ESTMENTS, LLC pility Company as it now appears on our rida Limited Liability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Florida document number 1.19000041790	Company were filed on $\frac{2/15/2019}{2}$.	Pand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Legions Financial, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or register		s, enter the name of the new register
agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	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 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
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		_	□Remove
			□Change
			□Add
			□Remove
			☐ Change
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date, if other than the	date of filing:	: 		(optional)	
the date inserted in this b	lock does not me	ect the applicable	late of filing or more the statutory filing requ	in 90 days after filing.) P iirements, this date wi	ursuant to 605.0207 (Ill not be listed as t
	ve date, but not a	nn effective time.	, at 12:01 a.m. on the	earlier of: (b) The S	Oth day after the
9/15		20			
		in Wil	1		
i 	the date inserted in this bl	the date inserted in this block does not met's effective date on the Department of Statespecifies a delayed effective date, but not a series of the series o	the date inserted in this block does not meet the applicable t's effective date on the Department of State's records. specifies a delayed effective date, but not an effective time.	the date inserted in this block does not meet the applicable statutory filing requit's effective date on the Department of State's records. Specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the left.	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The state of the state