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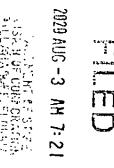
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Se Division of Cor			
Team Lega	cy Realty And Investments LL.	c	
SUBJECT:	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:	
	Daliany Velazquez		
		Name of Person	
	Team Legacy Realty and I	nvestments LLC	
		Firm/Company	
	2107 W. Burke St.		
	Tampa, FL. 33604	Address	
	TeamLegacyRealtyAndInvo	City/State and Zip Code estments@Gmail.com	
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please ca	all:	
Daliany Velazquez		813 758-8727	
Name o	f Person	at ()Area Code Daytime T	l'elephone Number
Enclosed is a check for th	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)

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

Team Legacy Realty and Investments L	I.C	020
(Name of the Limited L (A F	iability Company as it now appears on our record forida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liabil Florida document number 1.19(000)55697		and assigned
This amendment is submitted to amend the following	iĉ:	22
A. If amending name, enter the new name of the	limited liability company here:	·
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	
	vaner rioriaa mreet aaares.	,
_	, Flo	orida Zio 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
MGR	Haydec (). Perez	2104 W. Burke St. Tampa FL. 33604	
			
			□Remove
			□Change
			□ Add
			□Remove
			
<u>.</u>			□Add
			□Remove
			□Change
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			□Remove
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			□Remove
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Filing Fee: \$25.00