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#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DULAIN THE ROLL LIABILITY Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Prendince S. DeLain
Name of Person  DL LAIN TINY (ACZ LLC)  Firm/Company
1463 Fisher Lane
Tallahassei, FL 32301
City/State and Zip Code  Of Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at 650 321-4057  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$\Bi

#### MAILING ADDRESS:

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 Tallahassec, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DeLainnThroadz, LLC

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

JULLUMINI MYUU	(12, LL)	E E Sante, "Burate" Sant
(Name of the Limited Lia (A Flo	bility Company as it now appear rida Limited Liability Company)	s on our records.)
		: 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e Articles of Organization for this Limited Liability	y Company were filed on $M$	Arch 16/2019 and assigned
orida document number <u>6 / 9 00 00 75 (V) (</u>	<u> </u>	MADEAMADSED, Project, A
is amendment is submitted to amend the following	:	1
If amending name, enter the new name of the li	imited liability company he	<u>re</u> :
Legacy Levels, LLC	n <u>Ú</u>	
new name must be distinguishable and contain the words "I	Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	·	
rincipal office address MUST BE A STREET ADI	DRESS)	
ter new mailing address, if applicable:		
• -	~	
ailing address MAY BE A POST OFFICE BOX		
	<u> </u>	
<b>1</b>		
If amending the registered agent and/or registered agent and/or the new registered office ad	gistered office address on	our records, enter the name of the
section agent and of the new registered office at	idiess here:	
Name of Name David		
Name of New Registered Agent:	<del></del>	
Name of New Registered Agent:  New Registered Office Address:		
	Enter Flori	da street address
	Enter Flori	da street address , Florida

#### 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 **Title** Name **Address** Type of Action Justin J. Delain □ Add 1463 Fisher lane Wyla, FL32301 □ Change □ Add ☐ Remove ☐ Change \_□ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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uneffed ote: I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
ted _	April 24 , 2019. Vian Monea A Delara
	Vicinity of Pitula
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00