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(Re	equestor's Name)	-	
(Ac	ldress)		
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PICK-UP	MAIT	MAIL MAIL	
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Certified Copies	_ Certificates	s of Status	
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A. BUTLER FEB 2 4 2022

COVER LETTER

	sion of Cor		*	•
SUBJECT:	_	Hême Improvement's LLC	•	
Name of Limited 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:	
		Roneika L James		
			Name of Person	
	Lime Light Home Improvements's LLC			
			Firm/Company	
		2955 Cabbage Hammock I	Rd	
			Address	
		ST.Augustine Florida 3209	22	
			City/State and Zip Code	
		Roncika.james@yahoo.com		
Car frakaria	£		to be used for future annual report notifi	ication)
		oncerning this matter, please co		
Roneika Jame			904 417-3591 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 Fi	iling 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			Street Address: Registration Sec	tion
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

(Name of the Limited Lin	ability Company as it now appears on orda Limited Liability Company)	
(A Flo	orida Limited Liability Company)	SECORTABLY OF ARISE
The Articles of Organization for this Limited Liability	ty Company were filed on	TALLAHASSEE FI
-	• • • • • • • • • • • • • • • • • • • •	and assigned
Florida document number	 '	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Legacy Transportation And Dispatching LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET AL	ODRESS)	·
Enter new mailing address, if applicable:		···
Mailing address MAY BE A POST OFFICE BOX	2	
		
B. If amending the registered agent and/or regist	ered office address on our recor	ds, enter the name of the new regist
agent and/or the new registered office address her		
Name of New Registered Agent:		
V D 1000 411		
New Registered Office Address:	Enter Florida st	reet address
	City	, Florida Zip Code
	Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Lime Light Home Improvements LLC

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
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Change
			□Add
		. 	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If amending any other inform	nation, enter change(s) he	ere: (Attach additional	l sheets, if necessary.)	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oust be specific and cannot be pri block does not meet the app	ior to date of filing or more t licable statutory filing re	(optional) than 90 days after filing.) Prequirements, this date wi	ursuant to 605.0207 (3 Il not be listed as th
ne record specifies a delayed effect ord is filed.	ive date, but not an effective	e time, at 12:01 a.m. on t	he earlier of: (b) The 9	90th day after the
Dated February 08	, 2022			
	Signature of a priember or au	(//) / MAK ithorized/representative of a	ı member	
Roneika James	V	ľ		
	Typed or pri	inted name of signee		