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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
	LEGENDARY HOMES POOLS AND ENCLOSURES LLC  ECT:  Name of Limited Liability Company						
SUBJI							
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		WALTER L. SCHWATK.	A				
			Name of Perso	n			
		LEGENDARY HOMES,	POOLS AND ENC	LOSURES LLG		tatus &	
			Firm/Compan	y			
		2524 SW 23RD PL	·	•			
			Address		· · · · · · · · · · · · · · · · · · ·		
		Cape Coral, FL 33914					
		City/State and Zip Code corporateguy l@msn.com					
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				umuai report nomi	canon		
		oncerning this matter, please c		212 6162			
walte	r L. Schwatka		239	243-6462			
	Name o	f Person	at ( Area Code	_) e Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:					
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose		
	Mailing Addres Registration S			eet Address: gistration Sec	tion		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

7020 JUN -5 PM 6: 53 Legendary Homes, Pools and Enclosures LLC. (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) TALLAHASSÉE, F.L., F. The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_ and assigned Florida document number 1.19000120642 This amendment is submitted to amend the following: 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

\_\_, Florida \_\_\_

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	BRUCE FARRELL		□Add
			<b>■</b> Remove
		<del> </del>	Change
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## Page 2 of 3

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	.) Pursuant to 605.0207
The 90th day after the record is filed.	on the earlier of
5/14 2020	
ated	
Signature of a member or authorized representative of a member  Walter L Schwatka  Walter L Schwatka  Typed or printed name of signee	