L19000151170

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09/05/19--01/1/ -025 **2//





COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: B	de Legacy Cap Nume of Limi	ital LLC ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subt	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Mann	1 Blue Name of Person	
	Blue lega	Firm/Company	
	<u>5337</u> r	1. Socrum Loup R	20 # 347
	Lakelan	d, Fl 33809 City/State and Zip Code	
•		nFo Θ (fmAI) (Um o be used for future annual report notifi	
For further information con	cerning this matter, please ca	dl:	
Manny Name of P	Blue	at (<u>407</u>) <u>433 - 8</u> Area Code Daytime	310 Telephone Number
Enclosed is a check for the	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

blue leg	acy Captal, U	LC
(Name of the Limited Liability (A Florida Li	Company as it now appears on our re- imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on $06/07$	2019 and assigned
Florida document number <u>L 19000151170</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>.SS)</u>	dress on our records, enter the name of the new tin this capacity. I further agree to comply with the trance of my duties, and I am familiar with and I for in Chapter 605. F.S. Or, if this document is
Enter new mailing address, if applicable:		EP -3
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address		: O
Name of New Registered Agent:		
New Registered Office Address: \$33	7 N. Socalar Lana Q.	
New Negistered Office Madiess.		
La	ikeland	, Florida <u>33809</u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties nt as provided for in Chapter 61	s, and I am familiar with and 05, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Manny Blue	5337 N. Socrum Loop Rd # 347	'□ Add
		Lukeland, Fl 33509	🗆 Remove
			Ø Change
MGR	Rosamaria Blue	5337 N. Sarum Loup Rd #34	7_□ Add
		Lakeland, F1 33 809	Remove
			🗖 Change
			O Add
			Remove
			_□ Change
			_□ Add
			_ Remove
			_□ Change
			_D Add
			_ Remove
			_D Change
			_□ Add
			_□ Remove
			□ Change

Effective date, if other than the date of filing: (optional) (If an effective dute is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.0207 Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated Awys 1 25		
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KID		
Signature of a member or authorized representative of a member	Dated	1 August 25 2019
Signature of a member or authorized representative of a member		MO
		Signature of a member or authorized representative of a member
4 4 4 4 V IV IV A 3 3 1 1 4 4 -		Manny Blue Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00