## LZO 00000 3435

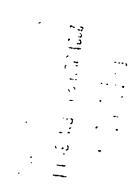
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## **COVER LETTER**

Division of Corp		-	
065	11/A/X 1/6		
SUBJECT:	LEGACY, LLC Name of Limite	d Liability Company	
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	D'ANDRE.	SMITH Name of Person	
<i>.</i>	PRIORIT	Name of Person  NO TA  Y ONE SHEW C	iry <del>Stavices</del> .
	167	HOPEWELL DRIV	<u>/E</u>
	<u> </u>	E FL 34761 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	11:	
D'ANOLE Name o	SMITH f Person	at ( <u>305</u> ) <u>423</u> - Area Code Daytim	7290 e Telephone Number
Enclosed is a check for th	ne following amount:		
	□ \$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 S Division of C	Section	Street Address: Registration Se Division of Co	rporations
P.O. Box 632		The Centre of	<b>Fallahassee</b>
Tailahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number <u>L 2000003435</u> .	by were filed on $\frac{12/23/26}{2}$	)/9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
PRIORITY ONE NOT The new name must be distinguishable and contain the words "Limited Lial"	ARY, LLC	hadden with C"
	othity Company, the designation "LLC or i	ine aboreviation "L.IC.
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
		***
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered office	address on our records outer the	name of the new resistance
agent and/or the new registered office address here:	e address on our records, enter the	name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street address	- <u>-</u>
	, Florida	Zip Code
	City	Zip 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 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
	<u> </u>		□Add
			□Remove
	N/A		□Change
<del></del>			□Add
			□Remove
			Change
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ffective date, if other an effective date is listed.  lote: If the date inserted ocument's effective date.	d in this block does no	of meet the appro	Latine Statutory	or more than 90 da Iling requiremen	(optional) ys after filing.) Purs its, this date will r	uant to 605.02 not be listed
record specifies a delag d is filed.	ed effective date, but t	not an effective t	ime, at 12:01 a	.m. on the earlier	of: (b) The 90t	h day after t
Dated	JE 16	<u> </u>				
	Signature of	of a member or auth	horized represent	ative of a member		<del></del>