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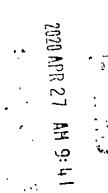


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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Legendany Ace Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for tiling.
Please return all correspondence concerning this r	natter to the following:
<u>Angel</u>	RIVEY (A. Name of Person
	lany Ace: UC Firm/Company
_ U800 SI	COFF AVENUE #8
Jacksonville	l FL 32244 City/State and Zip Code
	Loss: (to be used for future annual report notification)
For further information concerning this matter, plo	ease call:
Angel Rivera Name of Person	at (GOU) U18 - 2849 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
E√\$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Comparations
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations The Centre of Tallahassee
i ananasee, 1 に カムリ [ヤ	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legendary Hele Truck (Name of the Limited Liability Compan (A Florida Limited Lii	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 3 23 2020 and assigned
Florida document number <u>12000087532</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	. 3
Enter new principal offices address, if applicable:	AP
(Principal office address MUST BE A STREET ADDRESS)	
	# 9 **
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and vovided for in Chapter 605, 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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBI</u> ?	Angel Rivera	6860 SKAFF Ave #8	□∧dd
		Jacksonville FL, 37244	□Remove
			Denange
MGR	Nicole Frizzelle	U860 SKAFF AVE # 2	
		Jacksonville FL, 32244	□Remove
			GChange
			□Add
			□ Remove
			□Change
			🗆 Add
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(If an eff Note:	ive date, if other than the date of filing:
an carr	en a encente date on the repartment of ordine a recorda.
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	march 23 2020.
	\ \(\lambda\) \(\lambda\)
	Signature of a number or authorized representative of a member

Filing Fee: \$25.00