120000176736

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
,	•	
(Cit	ty/State/Zip/Phoni	e #)
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(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

10:	Division of Corp		, .	5
elib ir.	zen. LEG	GION RESTORATION, LLC	,	
SUBJE	C1;		ited Liability Company	
The enc	losed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please n	eturn all correspor	ndence concerning this matter	to the following:	
		RICHARD BU		
			Name of Person	
		LEGION RE	STORATION, LLC Firm/Company	
			i muc ompany	
		8000 NW 3		
			Address	
		DORAL, F		
			City/State and Zip Code	
			©LEGIONRESTORATION.COM to be used for future annual report notifications.	ication)
For furt	her information co	oncerning this matter, please co	all:	
F	RICHARD BULNES		at (<u>305</u>) <u>323-0804</u>	e Telephone Number
	Name of	reson	Area Code Daytime	e Telephone Number
Enclose	d is a check for th	e following amount:		
⊠ \$25	i.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		Street Address:	
	Registration S Division of Co		Registration Sec Division of Cor	
	P.O. Box 6323		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGION RESTORATI	ON, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	<u> </u>
ne Articles of Organization for this Limited Liability Company	were filed on06/24/2020	and assigned
orida document number <u>L20000176736</u> .		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	_
Principal office address MUST BE A STREET ADDRESS)		
	-	
nter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new regist
		7. 121 OCT
Name of New Registered Agent:	N/A	
New Registered Office Address:		70
	Enter Florida street address	a ن عرب ب
	Florid	a ω, ω, 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.

f 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
MGR	RICHARD BULNES	8000 NW 31 ST., SUITE 3 DORAL, FL 33122	DAdd
			□Remove
			⊠ Change
	<u></u>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change

	Change the title from COO to MGR
•	
,	
	
•	
,	
Effect	ive date, if other than the date of filing:
fan ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docun	nent's effective date on the Department of State's records.
	rd 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
rd is fi	led.
Dated	9/17/2021
Dateu	
	FBu D
	Signature of a member or authorized representative of a member
	Pichard Bulnes Typed or printed name of signee
	PICKPICE DUTY