

120000176736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

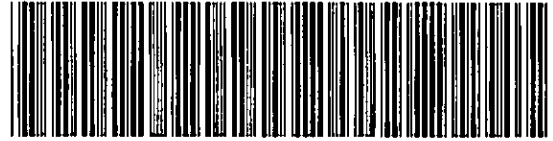
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LEGION RESTORATION, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

RICHARD BULNES
Name of Person
LEGION RESTORATION, LLC
Firm/Company
8000 NW 31 ST. SUITE 3
Address
DORAL, FL 33122
City/State and Zip Code
RICHARD@LEGIONRESTORATION.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD BULNES at (305) 323-0804
Name of Person Area Code Daytime 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

