## 120000 184221

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## **COVER LETTER**

	ation Se n of Cor	ection porations		
SUBJECT.	-	acy Learning, LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	<del> </del>
The enclosed Ar	ticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ondence concerning this matter	to the following:	
		Lorraine Tracey		
			Name of Person	
		Legacy Learning, LLC		
			Firm/Company	<del></del>
		3061 Lucerne Way		
			Address	<del></del>
		Miramar, FL 33025		
			City/State and Zip Code	
		lorraineptracey@gmail.com		
For further infor	mation c	E-mail address: ( oncerning this matter, please vi	to be used for future amual report not all:	ification)
Lorraine Tracey			954 980-4032	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is a che	eck for th	ne following amount:		
■ \$25.00 Filing	g Fec	☐ \$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)
	Addres	<del></del>	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	ox 632		The Centre of	· ·
Tallah	assee, F	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Learning, LLC				
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	any as it new appears Liability Company)	on our records.)	_ <del></del>
The Articles of Organization for this Limited I Florida document number1.20000184221		were filed on	6/30/2020	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :	
Legacy Learning Enterprise, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
Principal office address MUST BE A STRE	ET ADDRESS)		·	<u>ab</u>
			<u> </u>	2020
Enter new mailing address, if applicable:		N/A	n : 1 32	FIL SEP 29
Mailing address MAY BE A POST OFFICE	EBOX)		[***	
		-		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our re	cords, <u>enter the nar</u>	ne of the new registo
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florid	la 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 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

angending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

AGR = Manager AMBR = Authorized Member

<u> </u>	<u>Name</u>	Address	Type of Action
	N/A		🗆 Add
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			□Add
	<del></del>	□Remove	
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F (footi	ve date, if other than the date	of filings		(antiomal)	
(If an effi Note:	cetive date is listed, the date must be spe If the date inserted in this block do ent's effective date on the Departn	ecific and cannot be prior les not meet the applica	able statutory filing requirer		
se record ord is file	d specifies a delayed effective date, ed.	but not an effective ti	me, at 12:01 a.m. on the ear	lier of: (b) The 90th day after	r the
Dated_	September 21	2020			
Dated_	1 ~	·	·		
			<b></b> -		
	Senat	re of a member or author	rized representative of a memb	er	

Typed or printed name of signee