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## **COVER LETTER**

	tration Section on of Corporation	ts			
SUBJECT: _	Lega		Investors L	<u>LC</u>	
The enclosed	Articles of Amendin	nent and fee(s) are submi	tted for filing.		
Please return a	Il correspondence c	oncerning this matter to	the following:		
		Christople	e Osuna		
			Name of Person		
		Legacy Hon	Firm/Company	LLC	
		9366 Ch	SEA DRIM Address	Nort	<u>L</u>
		plantation,	FL 33319 City/State and Zip Code		·
		OSuna. ch	RIS QUANDO.	OOM (notification)	
For further infe	rmation concerning	g this matter, please call:			
Christ	Opher D Name of Person	SUNA	at ( <u>786</u> ) <u>40</u> Area Code Da	9 -     (	S ne Number
1	heck for the follow	ing amount:			
र्छ \$25.00 Fil		0.00 Filing Fee & ertificate 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Horne  (Name of the Limited Lim	Investors LL ability Company as it now appeared Limited Liability Company)	C 2005 20 FM 7: 56
The Articles of Organization for this Limited Liability Florida document number <u>L200019028</u> 6	ty Company were filed on	07/06/20 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the words	Limited Liability Company," the	lesignation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida street address
_	City	FloridaZip Code
	City	Lip Com

## 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 = 1 AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address 2008 - 2000 2007: 46	Type of Action
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	(List as the first	9366 Chelsea Drive No. Plantation, FL 33319	🗆 Remove
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ord specifies a dela filed.	ayed effective date, but	not an effective	time, at 12:	01 a.m. on the	earlier of: (	b) The	90th day after
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	Hugust) 26	<u>, 2020</u>	ر				
	August) 26	<u>, 2020</u>	<u>)                                    </u>				