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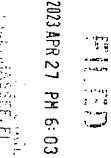
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

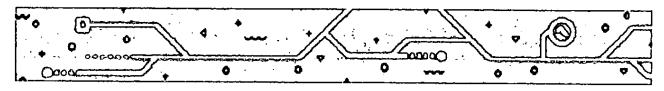


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zenbusiness

04/20/2023

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Legacy Haven Consulting Group LLC

10 Wh	it May Concern;
	ttached please find the executed Articles of Amendment for the above referenced.
Please	view and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc. Attention: Nicholas B. 5511 Parkcrest Dr. Ste 103 Austin, TX 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at <u>fulfillment@zenbusiness.com</u>.

Thank you,

Nicholas ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Haven Consulting Group LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 07/14/2020	and assigned
lorida document number L20000202630		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
egacy Haven Group LLC		20:
egacy Haven Group LLC he new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or t	the abbreviation "L,L,C."
inter new principal offices address, if applicable:		R 2
Principal office address MUST BE A STREET ADD	RESS)	00
		III. I
		<u> </u>
nter new mailing address, if applicable:		03
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:		name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a
	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

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
~			□Add
			□Remove
			□Change
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Effective date, if other than the da (If an effective date is listed, the date must b Note: If the date inserted in this block document's effective date on the Depart	e specific and cannot be pri k does not meet the appl	or to date of filing or licable statutory fili	more than 90 days after fil	ing.) Pursuant to 605,0207 (3
he record specifies a delayed effective dord is filed.	late, but not an effective	time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
	2023	·		
Dated April 20th				
ls/ Andre Turner				
Dated April 20th /s/ Andre Turner Signature Signatur	gnature of a member or aut		/c of a member	