Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
	Corporations		
Fax Number	r : (850)617-6383		
From:			
	me: REGISTERED AGENTS INC.		
	mber : 120090000081		<i>1</i> 520
Phone	: (307)200-2803		
Fax Numbe	r :(855)330-1010		₹. 65
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56	THE LEGACY FRANCHI	SE GROUP, LLC	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Legacy Franchise Group, L	LC	
( <u>Name of the Limited Lial</u> (A Floi	oility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L20000204140	Company were filed on 01/01/70	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		7070
B. If amending the registered agent and/or re	egistered office address on our records,	enter the name of the nev
registered agent and/or the new registered office a	<u>ddress here</u> :	ō ∷ ₩ 5
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Flor	
<del></del>	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
MGR_	OFFUTT, EDWARD	340 SE 3RD STREET, UNIT 904	🗆 Add
			Remove
		MIAMI, FL 33131	🖸 Change
MGR	DESIR, MIKECO	3628 CORAL TREE CIRCLE	🗆 Add
			🗆 Remove
		COCONUT CREEK, FL 33073	☑ Change
MGR	DESIR, KEVIN	7389 NW 76TH COURT	
			□ Remove
		TAMARAC, FL 33321	🖸 Change
MGR	BAMBERRY, TRISTAN	3044 LA MIRAGE DRIVE	🗆 Add
			Remove
		LAUDERHILL, FL 33319	
			□ Add
			☐ Remove
			Change
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Tective date, if other than the date of filing an effective date is listed, the date must be specific as ote: If the date inserted in this block does not becument's effective date on the Department of	nd cannot be prior to date meet the applicable st	of filing or more than 90 d	_ (optional) ays after filing.) Pursuant to ents, this date will not be	605.02 listed a
e record specifies a delayed effective The 90th day after the record is filed	date, but not an $\epsilon$	effective time, at 1	2:01 a.m. on the ea	ırlier
August 25	2020			
Riley Park Signature of				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee