L20 000 293950

(Requestor's Name) (Address)	100358118751	
(City/State/Zip/Phone #)	,	
PICK-UP WAIT MAIL	01/20/210100201	8 **30.00
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	A730 i1	18 1.00
3/11/21	A7.3.0 i1	
Special Instructions to Filing Officer:		
		Aii 10: 07
		7
	\ \ (/	

Office Use Only



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 3, 2021

BRIAN TAYLOR 1856 MONTE CRISTO LN. KISSIMMEE, FL 34758

SUBJECT: LEGACY T INVESTMENTS GROUP, LLC Ref. Number: L20000293950

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 221A00004532

COVER LETTER

Tallahassee, FL 32314

): Registration Sec Division of Corp			
UBJECT:	egacy Tinve	Stments Group ed Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
lease return all correspo	ndence concerning this matter t	o the following:	
	Brian To	Name of Person	
		Firm/Company	
	1856 Mont	e cristo Lni Address	
	TheLegacy E-mail address: (1	F/. 34758 City/State and Zip Code 1941c/9/00/01/06 The best of the best of the continual report notions to the continual re	Ogmail. Com fication)
For further information c	oncerning this matter, please ca	41:	
Brian 7	Gyley f Person	at (40) (683.5) Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fce	S30.00 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 Addres Registration S Division of C	Section	Street Address: Registration Se Division of Cor	
P.O. Box 632	-	The Centre of T	•

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11/

LegacyTinue	estments Group, 1	
(Name of the Limited Lia (A Flor	bility Company as it now appears on our rerida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number 42000029395		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The Legacy Tay The new name must be distinguishable and contain the words "E	vor Group LLC	200
The new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "	LLC" or the abbreviation-"L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	

Enter new mailing address, if applicable:) 1
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here	2:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
	 	Florida
	City	FloridaZip 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.

f amending /uthorized 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> </u>	<u>Name</u>	Address	Type of Action
			□Add
			🗀 Remove
			□Change
		□A₫d	
		□Remove	
		Change	
			□Add
		□Remove	
		□Change	
		□Add	
		□Remove	
	 -	□Change	
		□Add	
		□Remove	
		□Remove	
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(8) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.
Dated $3-6-71$
Signature of a member or authorized representative of a member
Typed or printed name of signee