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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor						
Legacy Tra	nslation Servies, LLC					
.SUBJECT:	Name of Lim	ited Liability Company				
. The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Francisco Martinez				2022 SEP - 1	5
		Name of Person			CC.	7.7
	Legacy Translation Service	es, LLC				
		Firm/Company				
	1673 Via Lago Drive				PH 12: 07	Citation of Charles Allowed
		Address	,		7	50
	Lakeland, FL 33810					
		City/State and Zip Code				
	legacymovement07@gmail					
	E-mail address: (to be used for future annual	report notifica	tion)		
For further information c	oncerning this matter, please ca	ali:				
Francisco Martinez			9-8254			
Name o	t Person	at () Area Code	Daytime To	elephone Number		
Enclosed is a check for the	ne following amount:					
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	Ŀ	■ \$60.00 Filing		
	Certificate of Status	Certified Copy (additional copy is enc	losed)	Certificate of Certified Cop (additional copy	у	
Mailing Addres	<u>s:</u>	Street Ag	<u>ldress:</u>			
Registration S		_	ation Section			
Division of C P.O. Box 632			n of Corpo ntre of Tall			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Legacy Translation Servies, LLC		
(Name of the Limited Liability (A Florida I	y Company as it now appears on our records.) Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/04/2020	and assigned
Florida document number L20000379663		31v 202
This amendment is submitted to amend the following:		SECKET DIVISTORIO 2022 SEP
A. If amending name, enter the new name of the limit	ted liability company here:	<u> </u>
My Spanish Legacy, LLC		R 성원
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abb	
Enter new principal offices address, if applicable:	1673 Via Lago Drive Lakeland, FL 33810	07
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1673 Via Lago Drive Lakeland, FL 33810	0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Florida	
	Chy	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
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			□Remove
			□Change
			ORGOVE DE COMP
			CTARY OF STATE OF A TOTAL TOTA
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ffective date, if other than the an effective date is listed, the date in ote: If the date inserted in this becoment's effective date on the l	ist be specific and cannot be pri- clock does not meet the appl	icable statutory filin	(optiona ore than 90 days after fili g requirements, this da	ng.) Pursuant to 605	5.020° ted as
e record specifies a delaye The 90th day after the re		not an effective t	ime, at 12:01 a.m	n. on the earli	er o
August 15	, 2022	·			
	Signature of a member or aut				