

L20000395106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

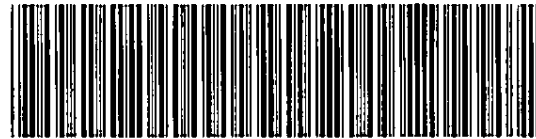
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02/16/21--01019--001 \*\*25.00

FILED

2021 APR 29 PM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*LHC  
Amend*

AUG 07 2021

D CONNELL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2021

LEGACY LENDING LLC  
2592 SW LONGBOAT WAY  
PALM CITY, FL 34990

SUBJECT: LEGACY LENDING LLC  
Ref. Number: L20000395106

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 921A00008153

RECEIVED

2021 APR 29 PM 7:15

STATE OF FLORIDA  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

LEGACY LENDING LLC  
LEGACY LENDING LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VAUGHN SMITH  
VAUGHN SMITH  
\_\_\_\_\_  
Name of Person  
LEGACY LENDING LLC  
LEGACY LENDING LLC  
\_\_\_\_\_  
Firm/Company  
2592 SW Longboat Way  
2592 SW Longboat Way  
\_\_\_\_\_  
Address  
Palm City FL 34990  
Palm City FL 34990  
\_\_\_\_\_  
City/State and Zip Code

vaughn.lending@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)  
VAUGHN.LENDING@GMAIL.COM

For further information concerning this matter, please call:

VAUGHN SMITH  
\_\_\_\_\_  
Name of Person  
VAUGHN SMITH  
\_\_\_\_\_  
Area Code  
at (772) 708-1570  
\_\_\_\_\_  
Daytime Telephone Number  
(772) 708-1570

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 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 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 LENDING LLC  
LEGACY LENDING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2021 APR 29 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/17/20 and assigned

Florida document number L20000395106  
L20000395106

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~LEGACY LENDING LLC~~

The new name must be distinguishable and contain the words "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 ADDRESS)

2592 SW Longboat Way  
Palm City, FL 34990  
2592 SW LONGBOAT WAY  
PALM CITY FL 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Vaughn Smith VAUGHN SMITH

New Registered Office Address:

2592 SW Longboat Way

Enter Florida street address

Palm City

Florida

34990

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

2592 SW LONGBOAT WAY Palm City FL  
34990

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.

[Signature]  
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**

[illegible]

[illegible]

(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)(b)

2/10/2021

VA-66124 ~~SECRET~~ - Secret  
Typed or printed

**Filing Fee: \$25.00**