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COVER LETTER

	tration Section of Corp				
SUBJECT: _		LY LEGACY LLC			
SUBJECT.		Name of Limi	ted Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are subi	nitted for tiling.		
Please return a	ll correspon	dence concerning this matter t	to the following:		
		ARMANDO ARCE			
			Name of Person		-
		ARCE FAMILY LEGACY	LLC		
			Firm/Company	 	-
		4250 ANTIOCH ROAD			
			Address		-
		CRESTVIEW, FL 32536			
		armando.arce@live.com	City/State and Zip Code		-
		E-mail address: (t	o be used for future annual rep	ort notification)	
For further info	ormation cor	ncerning this matter, please ca	ill:		
JENNIFER AI	RCE		716 45080)4 [
	Name of I	Person	at () Area Code	Daytime Telephone Numbe	<u></u> г
Enclosed is a c	heck for the	following amount:			
□ \$25.00 Fil	ing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	di Certified	te of Status &

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

ARCE FAMILY LEGACY LLC		
(Name of the Limited Liability Compa (A Florida Limited)	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000095688</u>	were filed on February 26, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here;	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	4250 ANTIOCH RD	
(Principal office address MUST BE A STREET ADDRESS)	CRESTVIEW, FL 32536	
Enter new mailing address, if applicable:	4250 ANTIOCH RD	
(Mailing address MAY BE A POST OFFICE BOX)	CRESTVIEW, FL 32536	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registero
Name of New Registered Agent:	_	
New Registered Office Address:		<u>) </u>
	Enter Florida street address	
	, Florida	Zip.Code
	Cuy	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 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>	Name	Address	Type of Action
AR	ARMANDO ARCE	4250 ANTIOCH ROAD	
		CRESTVIEW, FL 32539	[]Remove
			□Change
MGR	JENNIFER ARCE	4250 ANTIOCH ROAD	□Add
		CRESTVIEW, FL 32539	□Remove
			≡ Change
			□Add
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record : d is filed	specifies a del d.	layed effective dat	ie, but not an eff	fective time.	at 12:01 a.m.	on the earlier of:	(b) The 90th da	y after the
Dated A	ugust 11			<u> </u>				
		Sign	Armanu	do Arc	& d representative	of a member		
		****			er referencements.	от а пистост		