LZ1000 196086

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	1
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	CCT:	_egendary Tools L Name of Limit	d Life LLC ed Liability Company	
The en	closed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspo	ndence concerning this matter to	o the following:	
		Chas	Bittare Ni Name of Person	
		Legendo	ary Tools 4 Life Firm/Company	· · · · · · · · · · · · · · · · · · ·
		436 F	tigner Combe Driv	ve
		Davenpo	(+ 33897 City/State and Zip Code	
		tools 417	fenholy in a il. Como be used for future annual report not	ſ
For fur	ther information co	oncerning this matter, please cal	н:	
	Chris B Name o	rH47CIII	at (<u>347</u>) <u>926</u> - Area Code Daytin	- 8176 ne Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2	5.00 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

<u>Legendary Tools</u>					
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears (Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability C Florida document number <u>1 2100196086</u> This amendment is submitted to amend the following:	Company were filed on	April 27, 20 WAM	21	_ and as	signed
A. If amending name, enter the new name of the limit	ited liability company her	:2			
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:		ignation "LLC" or	the abbre	viation "I	L.C."
(Principal office address MUST BE A STREET ADDR	(ESS)		•	~ <u>.</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			190 190 190	11 JUL 12	
instance was constructed by the construction of the construction o				PH -:	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	eords, <u>enter the</u>	name o	of the ne	w registered
Name of New Registered Agent:				. <u> </u>	
New Registered Office Address:	Enter Florid	a street address			
			1.		
-	City	Florid	ıa	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>	<u>Name</u>	Address	Type of Action
AMBR	Chris Bittarelli	436 Higher Combe Dave	IDAdd
		Divenport, FL 33897	🗆 Remove
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n effective date is liste ote: If the date inse	rted in this block doe	f filing: cific and cannot be prior to es not meet the applicabe ent of State's records.	date of filing or more tha le statutory filing requ	(optional) n 90 days after filing.) irements, this date	Pursuant to 605.020 will not be listed a
ecord specifies a de is filed.	layed effective date, t	but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The	e 90th day after the
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