

A21000238605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

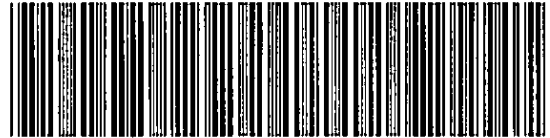
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/16/21--01023--009 **25.00

21 AUG 16 PM 3:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legacy Landmarks 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:

Jacqueline F. Sellmansberger

Name of Person

Legacy Landmarks, LLC

Firm/Company

107 Mimosa Ave

Address

Port St. Joe, FL 32456

City/State and Zip Code

legacylandmarksllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline F. Sellmansberger

770 597-3355
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

[illegible]

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(A Florida Limited Liability Company)

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT B SELLMANSBERGER	107 MIMOSA AVE	<input type="checkbox"/> Add
		PORT ST. JOE, FL 32456	<input type="checkbox"/> Remove
		CHANGE FROM AMBR TO MGR	<input checked="" type="checkbox"/> Change
MGR	JENNIFER L SANDBERG	11020 S COUNTY RD 600W	<input type="checkbox"/> Add
		DALEVILLE, IN 47334	<input type="checkbox"/> Remove
		CHANGE FROM AMBR TO MGR	<input checked="" type="checkbox"/> Change
MGR	JAMES SANDBERG	11020 S COUNTY RD 600W	<input type="checkbox"/> Add
		DALEVILLE, IN 47334	<input type="checkbox"/> Remove
		CHANGE FROM AMBR TO MGR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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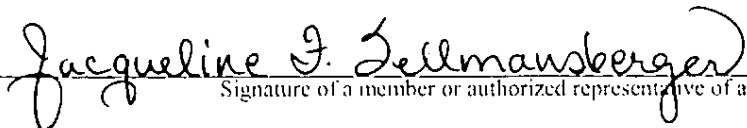
E. Effective date, if other than the date of filing: 08/11/2021 (optional)

(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)

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.

If 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 record is filed.

Dated AUGUST 11, 2021


Signature of a member or authorized representative of a member

JACQUELINE F. SELLMANSBERGER, MGR

Typed or printed name of signer