## AZI000238605

| (Requestor's                          | Name)               |
|---------------------------------------|---------------------|
| (Address)                             |                     |
| (Address)                             |                     |
| (City/State/Zi                        | p/Phone #)          |
| PICK-UP W                             | AIT MAIL            |
| (Business En                          | tity Name)          |
| (Document N                           | umber)              |
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| Special Instructions to Filing Office | per:                |
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|                                       | 8/26/21             |
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## **COVER LETTER**

TO:

| TO: Registration Se<br>Division of Cor |   |   |   |
|--|---|---|---|
| Legacy Lar                             | idmarks 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             | ondence concerning this matter                  | to the following:   |   |
|  | Jacqueline F. Sellmansberg                      | ger   |   |
|  |   | Name of Person  |   |
|  | Legacy Landmarks, LLC                           |   |   |
|  |   | Firm/Company  | <u>.</u>  |
|  | 107 Mimosa Ave                                  |   |   |
|  |   | Address   |   |
|  | Port St. Joe, FL 32456                          |   |   |
|  | _   | City/State and Zip Code   |   |
|  | legacylandmarksile@gmail                        |   |   |
|  |   | to be used for future annual report noti                            | fication)   |
| For further information c              | oncerning this matter, please c                 | all:  |   |
| Jacqueline F. Sellmansb                | пдег  | 770 597-3355  |   |
| Name o                                 | f Person  | at ()<br>Area Code Daytim   | e Telephone Number  |
| Enclosed is a check for the            | ne following amount:                            |   |   |
| ■ \$25,00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration S          |   | <u>Street Address:</u><br>Registration Sec                          | ction   |
| Division of C                          |   | Division of Cor   |   |
| P.O. Box 632                           | .7  | The Centre of T   |   |
| Tallahassee. I                         | F1. 32314                                       | 2415 N. Monro   | e Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LEGACY LANDMARKS, LLC

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

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company   | were filed on         | 05/14/2021                  | and assigned             |
|---|-----------------------|-----------------------------|--------------------------|
| Florida document number <u>L21000238605</u>   |                       |                             |                          |
| This amendment is submitted to amend the following:   |                       |                             |                          |
| A. If amending name, enter the new name of the limited liab   | ility company he      | <u>re</u> :                 |                          |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the de | esignation "LLC" or the     | abbreviation "L.L.C."    |
| Enter new principal offices address, if applicable:   |                       |                             |                          |
| (Principal office address MUST BE A STREET ADDRESS)   |                       |                             |                          |
|   |                       |                             |                          |
|   |                       |                             |                          |
| Enter new mailing address, if applicable:   |                       |                             |                          |
| (Mailing address MAY BE A POST OFFICE BOX)  |                       |                             |                          |
|   |                       |                             |                          |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our ro     | ecords, <u>enter the na</u> | me of the new registered |
| Name of New Registered Agent:   |                       |                             |                          |
| New Registered Office Address:  |                       |                             |                          |
| -   | Enter Flor            | ida street address          |                          |
|   |                       | , Florida                   | Zip Code                 |
|   | City                  |                             | 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 |

| MGR = Manager<br>AMBR = Authorized Member |                         | Address 21 AUG 16 PM 3: 24 Type of Action |                     |  |
|---|-------------------------|---|---------------------|--|
| <u>Title</u>                              | <u>Name</u>             | Address 21 AUG 16 PH 3                    | : 24 Type of Action |  |
| MGR                                       | ROBERT B SELLMANSBERGER | 107 MIMOSA AVE                            |                     |  |
|   |                         | PORT ST. JOE. FL 32456                    | □Remove             |  |
|   |                         | CHANGE FROM AMBR TO MGR                   |                     |  |
| MGR                                       | JENNIFER L SANDBERG     | 11020 S COUNTY RD 600W                    | □Add                |  |
|   |                         | DALEVILLE, IN 47334                       | □Remove             |  |
|   |                         | CHANGE FROM AMBR TO MGR                   | <b>≡</b> Change     |  |
| MGR                                       | JAMES SANDBERG          | 11020 S COUNTY RD 600W                    |                     |  |
|   |                         | DALEVILLE, IN: 47334                      | □Remove             |  |
|   |                         | CHANGE FROM AMBR TO MGR                   |                     |  |
|   |                         |   |                     |  |
|   |                         |   | □ Remove            |  |
|   |                         |   |                     |  |
|   |                         | □Add                                      |                     |  |
|   |                         |   | □Remove             |  |
|   |                         |   | Change              |  |
| <del></del>                               |                         |   | □Add                |  |
|   |                         |   | □Remove             |  |
|   |                         |   | ☐ Change            |  |

| Effective date, if other than the date of filing:    DS/11/2021   (optional)  |   |  |
|---|---|--|
| Effective date, if other than the date of filing:  OS/11/2021  (optional)  (if an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695/0207 (3)  State: 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.  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 cord is filled.  AUGUST 11  2021 |   |  |
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| Dated   | the record specifies a delayed effective cord is filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the               |
| Jacqueline F. Sellmansberger  | Dated   |  |
| Jacqueline J. Jellmansberger  | 0   |  |
| ( 1 1 7 M NUMBER OF FEMORES OF SIGNOSTIZES PERCENTAGE OF SIGNOSES   | <u> Lacqueli</u>  | re J. Jellmansberger   |
|   | IACOHELINE E SELI                                       | MANSBERGER, MGR  |

Typed or printed name of signee