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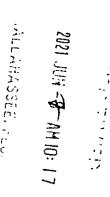
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phoni	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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JUN 0 / 2021

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Legen	dary Flooring	og and Tile, LL ted Liability Company	<u>_C</u>
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Benny Ku	y Kendall Name of Person	
		Firm/Company	
	3104 Living	stan Rd Apt.	1
	Tallahassee	Florida, 3230 City/State and Zip Code	03
	Denoyk 8141 Hmail address: (1	o be used for future annual report notifi	ication)
For further information conc	cerning this matter, please ca	ill:	
Name of Po	erson	at () Area Code Daytime	Telephone Number
Enclosed is a check for the t	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 Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ame 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 IY lau Florida document number | 1 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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: New Registered Office Address: Enter Florida street address _, Florida __

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.

City

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	Benny Kuykendall	3104 Livingston Rd APT. 1 Tallahassee, Floricla 32303	□Add
	-	Tallahassee, Florida 32303	Remove
			XChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			[]Change

Note: If the	late, if other than the date of filing:	7 (3 s th
he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	:
اُل Dated _	une 7th 2021	
	Michelle Bauch Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Michelle Bauer Typed or printed name of signee	

Filing Fee: \$25.00