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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Legenda	ary Kennels Line LLC 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:			
	Cameron Blake Ewe				
		Name of Person			
Legendary Kennels L		Line LLC			
		Firm/Company			
	5708 tree stand lane	9			
		Address			
	lakeland, Florida 33				
		City/State and Zip Code			
	cameron.ewers12@i	cloud.com to be used for future annual r	congrupotitication)	<u> </u>	
For further information c	oncerning this matter, please co		cport notineation,	: :	
Kimberly Kuehner		at (863) 25	56408		
Name o	f Person	Area Code	Daytime Telephone Nu	umber	.1]
Enclosed is a check for t	he following amount:			: 24	
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Cer losed) Ceri	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)	I
<u>Mailing Addres</u> Registration		<u>Street Ad</u> Registra	Idress: ation Section		
Division of C	orporations	Division	of Corporations		
P.O. Box 632	27	The Cen	ntre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	•
The Articles of Organization for this Limited I Florida document number 87-1057370	Liability Company were filed	on 06-04-2021 and a	issigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability compa	any 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 appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			:3
Enter new mailing address, if applicable:		듸	
(Mailing address MAY BE A POST OFFICE BOX)			
		د ۱	<u></u>
0. 16		our records onter the name of the	· !
B. If amending the registered agent and/or agent and/or the new registered office addr		our records, enter the name of the i	
Name of New Registered Agent:	Cameron Blake Ewe	rs	
New Registered Office Address:	5708 tree stand lane		
	En	ter Florida street address	
	lakeland	Florida 33811	
	City	Zip Coo	'e

New Registered Agent's Signature, if changing Registered Agent:

Legendary Kennels Line LLC

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.

Cameron ewers

If Changing Registered Agent, Signature of New Registered Agent

(among bosons)

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
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			☐ Remove
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re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing, i he date inserted in this block does not meet the applicable statutory filing requirements, this date w	vill not be	o oos. e liste	d as
s effective date on the Department of State's records.			
	date, if other than the date of filing:	date, if other than the date of filing:	date, if other than the date of filing:

Filing Fee: \$25.00