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RECRETARY OF STATE
TALLAHASSEE, FL
DIVISION SEPPORATIONS

COVER LETTER

TO: Registration S Division of Co		•	v
Legacy Ho	ome Advisors, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub ondence concerning this matter		
	Matletha Bennette		
	···	Name of Person	
	Legacy Home Advisors, L	LC	
		Firm/Company	
	4210 Camden Road		
		Address	
	Tallahassee, FL 32303		
		City/State and Zip Code	
	mbennette@legacyhomead	visors.com to be used for future annual report notif	antion)
For further information	concerning this matter, please c		(Carlott)
Matletha Bennette		850 692-9955 at ()	
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
NA 18 - 2 A A		Stuart Adduses	

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

FILED

Legacy Home Advisors, LLC

company has been notified in writing of this change.

2022 JUN -7 PH 10: 3

(Name of the Limited Liability Company as it now appears on our PARETARY OF STATE
(A Florida Limited Liability Company)

TALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on July 8, 2021 and assigned Florida document number L21000313297 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Matletha Bennette, LLC 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 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than tl	ne date of filing:		(optional)	
an effective date is listed, the date in	nust be specific and cannot be prior	r to date of filing or more t	han 90 days after filing.) Pe	ursuant to 605.020
ocument's effective date on the	Department of State's records	sadic statutory filling red s.	quirements, this date wi	ir not be risted a
record specifies a delayed effect	tive date, but not an effective t	ime, at 12:01 a.m. on the	he earlier of: (b) The 9	Oth day after the
l is filed.				
June 8	2022			
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,	AM Hand	1720		
<u> </u>	Signature of a member or aut	norized representative of a	hamber	
Matletha Nianna Ben		ted name of signee	<u></u> .	· · · · · · · · · · · · · · · · · · ·
	I yped or prin	ted name of signee		

Filing Fee: \$25.00