

L21000352359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

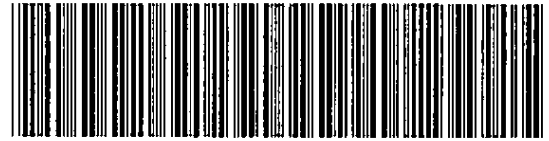
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Legend 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:

Cierra Hopkins
Name of Person

Legacibtw LLC
Firm/Company

769 Glendale Ln
Address

Orange Park FL 32065
City/State and Zip Code

biglegendllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cierra Hopkins at 410 - 713-7045
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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 32304

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2100 Capital Circle, SW
Tallahassee, FL 32310

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

Big Legend 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 08-05-2021 and assigned Florida document number L21000352359.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LegalCibtw LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

769 Glendale Ln
Orange Park FL 32065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

769 Glendale Ln
Orange Park FL 32065

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:

Cierra Hopkins

New Registered Office Address:

769 Glendale Ln

Enter Florida street address

Orange Park, Florida 32065

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 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>	<u>Address</u>	<u>Type of Action</u>
AR	Natika Hopkins	30343 Pine St	<input type="checkbox"/> Add
		Princess Anne MD	<input checked="" type="checkbox"/> Remove
		21853	<input type="checkbox"/> Change
AR	Jermaine Johnson	769 Glendale Ln	<input type="checkbox"/> Add
		Orange Park FL 32065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ciera Hopkins	769 Glendale Ln	<input checked="" type="checkbox"/> Add
		Orange Park FL 32065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(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)

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 23rd, 2021

Signature of a member or authorized representative of a member

✓ Jermaine ✓ Johnson
Typed or printed name of signee