

h21 000363387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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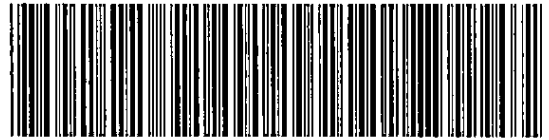
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

9/21/21

COVER LETTER

TO: Registration Section
Division of Corporations
Dynasty Legacy Foundation, LLC

SUBJECT: _____
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:

Ashley D. Barrett

Name of Person

Firm/Company

130 Enterprise Ave SE Suite H

Address

Palm Bay, FL 32909

City/State and Zip Code

BarrettA.D@Live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley D. Barrett

386

864-1666

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

Dynasty Legacy Foundation, 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 August 11, 2021 and assigned
Florida document number L21000363387

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 _____
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

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TALLAHASSEE, FL

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>
AMBR	Janet Brady	725 Waveland Avenue	<input type="checkbox"/> Add
		College Park, GA 30349	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jason Tyrone Scott	327 Hambrick Pk	<input checked="" type="checkbox"/> Add
		Fayetteville, GA 30215	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ashley D. Barrett	807 Dalhart Ave SW	<input type="checkbox"/> Add
		Palm Bay, FL 32908	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Claudine Thomas-Struck	26 Nelson Lane	<input checked="" type="checkbox"/> Add
		Garrison, NY 10524	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Vivienne Smith	181 Northampton Ave	<input type="checkbox"/> Add
		Springfield, MA 01109	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: 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.

Dated September, 8 2021

Filing Fee: \$25.00