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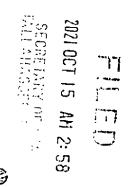
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COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

TALLAHASSEE LEGACY INVESTMENTS, 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: William Matthew Kearce Name of Person Firm/Company 4600 Military Trail, Suite 201 Address Jupiter, FL 33458 City/State and Zip Code wmk@pigott-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TALLAHASSEE LEGACY INVESTMENTS, LLC 954 465-9832 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 15 AM 2: 59

Zip Code

(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears o iability Company)	n our records.) SECRETARY OF A TALLAHASSEE	
The Articles of Organization for this Limited Liability Company $\frac{1}{2}$ Florida document number $\frac{1}{2}$ L21000408761		-TALLAHASSEE / 1	_ and W igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desi	gnation "LLC" or the abbr	eviation "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 a agent and/or the new registered office address here:	ddress on our reco	ords, <u>enter the name</u>	of the new registe
Name of New Registered Agent:			
New Registered Office Address:	F Fl: I	street address	
	Emer Ploride	SIFECT HARFOSS	
		. Florida	

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

TALLAHASSEE LEGACY INVESTMENTS, 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.

Cin

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
MGR	John Brooks	7437 Creekridge Circle	≅ Add
		Tallahassee, Ft. 32309	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		···	□ Add
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Effective date, if other than the date of filing:							
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Filing Fee: \$25.00