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| (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:

| TO: Registration S Division of Co | | | | | |
|---------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|
| CHRIECT. | LEGACY A | AT BRICKELL LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | | Oscar J. Rodriguez | | | |
| | Name of Person | | | | |
| Law Offices of Oscar J. Rodriguez, PA | | | | | |
| | | Firm/Company | | | |
| | | | | | |
| Address | | | | | |
| | | Miami, FL 33146 City/State and Zip Code | | | |
| | | | | | |
| | | orodriguez@ojrlaw.com | | | |
| | E-mail address: (| to be used for future annual report noti | fication) | | |
| For further information | concerning this matter, please c | all: | | | |
| Oscar J. | Rodriguez | 305 442-19 | 991 | | |
| Name | of Person | at () Area Code Daytim | ne 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 Addre | | Street Address: | ction | | |
| Registration Division of 0 | Section Corporations | Registration Section Division of Corporations | | | |
| P.O. Box 63 | 27 | The Centre of T | l'allahassee | | |
| Tallahassee, | FL 32314 | 2415 N. Monro | e Street. Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LEGAC | Y AT BRICKELL LLC | C | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-----------------------|
| (Name of the Limited Liability C (A Florida Lin | ompany as it now appea nited Liability Company) | irs on our records.) | |
| The Articles of Organization for this Limited Liability Com Florida document number | pany were filed on | September 22, 2021 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company h | e <u>re</u> : | |
| LEGACY AT BRICKELL, LLC | | | , |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the | designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES | <u></u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | <u>/</u> | |
| | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our | records, <u>enter the name</u> | of the new registered |
| | | | |
| Name of New Registered Agent: | | | 20 |
| | - | | 2023 HOW |
| New Registered Office Address: | Enter Flo | orida street address | 2 |
| | | , Florida 🔗 | (5 to (71) |
| | City | , i forida | Sp Cole |
| New Registered Agent's Signature, if changing Registered Agent's | gent: | | ST 89. |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change. | t as provided for in | Chapter 605, F.S. Or, j | f Mis document is |
| 16 | Changing Registered A | gent, <u>Signature of New Reg</u> i | stered 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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| | - \\ | | □Add |
| | | | / □Remove |
| | | / | □ Change |
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| as the co | omma was inadvertently left out in the Articles of Organization. |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| antiva data | e, if other than the date of filing: |
| i effective da <u>te:</u> If the da | tte is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as fective date on the Department of State's records. |
| ecord specifi s filed. | Ties a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ted | November 8 2021 |
| | |
| | Signature of a member of all provided representative of a member |

Filing Fee: \$25.00