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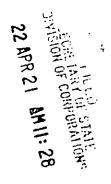
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T. MATTHEWS JUN - 6 2022

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	RY HOME LOANS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Chad Reidlinger		
	····	Name of Person	
	LEGENDARY HOME LO	ANS, LLC	
		Firm/Company	
	8991 LAKEVIEW DRIVE		
		Address	, , , , , , , , , , , , , , , , , , ,
	PARKLAND, FL 33076		
		City/State and Zip Code	
	chad@legendaryhl.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	all:	
Chad Reidlinger		954 868-6286 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address		Street Address:	wation
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

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

CHETARY OF STATE DIVISION OF CORPORATIONS

LEGENDARY HOME LOANS, LLC

22 APR 21 AM 11: 28

(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 10/21/2021	and assigned
Florida document number L21000458109		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a	ddress on our records, <u>enter th</u>	ne name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
	City	

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>	Address	Type of Action
MGR	Chad Reidlinger	8991 LAKEVIEW DRIVE	≡ Add
		PARKLAND, FL 33073	Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			Remove
			□Change
			□ Add
			□Remove

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