121000458109

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(expression)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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PALLAHASSEE FLORIDA

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SEP - 7 2022 S. PRATHER

COVER LETTER

TO: Registration Division of C		
	y Home Loans, LLC	
SUBJECT:	nited Liability Company	
erri	CA 1 (16 (2) 1	
	of Amendment and fee(s) are sul	
Please return all corres	pondence concerning this matter	τ to the following:
	Chad Reidlinger	
		Name of Person
	Legendary Home Loans,	LLC
		Firm/Company
	1499 W Palmetto Park Ro	1, #109
		Address
	Boca Raton, FL 33486	
		City/State and Zip Code
	chad@legendaryhl.com	(to be used for future annual report notification)
For further information	concerning this matter, please	
Chad Reidlinger		954 868-6286
Name	e of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for	r the following amount:	
■ \$25.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
		Street Address: Fed Ex Address
P.O. Box 6	n Section (Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

nny as it now appears on our records.) Liability Company)	1 5: 28 STATE LORIDA
were filed on 10/21/2021	and assigned
oility company here:	
lity Company," the designation "LEC" or the	abbreviation "L.L.C."
	
,	vility company here:

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

Name of New Registered Agent:

New Registered Office Address:

Legendary Home Loans 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.

City

Enter Florida su cet address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jolynn Reidlinger	8991 Lakeview Drive	
		Parkland, FL 33076	■Remove
			□Change
MGR	Yiset Rubio	9160 Edgewater Bend	≘ Add
		Parkland, FL 33076	ElRemove
			□ Change
MGR	Ruth Vernick	2060 NE 208th St	≣ Add
		North Miami Beach, FL 33179	∐Remove
			□Change
			⊡Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	 		□Add
			□Remove

D. If amending any other info	rmation, enter c	enange(s) nere:	(Attach addine	mai sheets, if nece	ssary.)	
			. , , ,			
						
						
						
						
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	e must be specific an is block does not	id cannot be prior to meet the applical	o date of filing or m	ore than 90 days after g requirements, this	filing.) Pursuant t	o 605.0207 (3)(b) e listed as the
If the record specifies a delayed efforceord is filed.	ective date, but no	ot an effective tin	ne, at 12:01 a.m.	on the earlier of: (b)	The 90th day	after the
Dated		2022				
Jalym	Reidling	member or author	_		Ä	2022
1 0	Signature of	I member or author	ized representative	of a member		1 MOF 2202
Jolynn Reidlinger					SSE SSE	_ :

Typed or printed name of signee