## L22000046546

(Red	questor's Name)	
(Ado	Iress)	
(Add	fress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Buş	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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2024 DEC 18 PH 4: 16

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II5 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 12/18	3/2024		
Name: Ch	eyanne Davi	<u>s</u>	
Reference #:	2597196		
Entity Name:	Α	NDCO ASSETS, LLC	
Articles of In	corporation/Auth	orization to Transact Business	
✓ Amendment			
☐ Change of A	gent		
☐ Reinstateme	ent		
Conversion			
☐ Merger			
☐ Dissolution/	Withdrawal		
☐ Fictitious Na	ime		
Other			
Authorized Amount Signature:	\$25. DrymPain	.00	2024 DEC 18 PH 2: C SECRETARY OF STA



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	12/18/2024		
	Cheyanne Dav	vis	
Reference #	±2597196	5	
		ANDCO ASSETS, LLC	
Articl	es of Incorporation/Au	thorization to Transact Business	<b>;</b>
✓ Ame	ndment		207
☐ Char	nge of Agent		2024 DEC 18 SECRETARI SETALL AHR
☐ Rein:	statement		TAR AHI
☐ Conv	version		300 PH
☐ Merg	er		EFOTAL CO
☐ Disso	olution/Withdrawal		ليا
☐ Fictit	ious Name		
☐ Othe	۲		
Authorized /	Amount: \$2	25.00	
Signature:	(Uhuma Paire		

## **COVER LETTER**

	tration Secti ion of Corpo				
	.VR Assets, I	.1.C			
SUBJECT: _		Name of Lim	ited Liability Company	<del></del>	
The enclosed A	Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspond	ence concerning this matter	to the following:		
		Samantha Gonzelez			
			Name of Person		
		Legacy Hospitality Holdin	gs, Inc.		
			Firm/Company		
		PO Box 690595			
			Address		
		Orlando, FL 32869			
			City/State and Zip Code		
		samantha.gonzalez@legacy			
			to be used for future annual report not	ification)	
For further info	ormation con	cerning this matter, please c	all;		
Jim Black			571 249-9629		
	Name of P	erson	at () Area Code Daytin	ne Telephone Number	
				2074 DEC SECRETALLA	<b>;-</b> -}
Enclosed is a c	heck for the	following amount:			4 j
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Conditional colored Conditional colored Conditional colored Conditional Conditio	TIP T
Regi Divis P.O.	ng Address: stration Se sion of Cor Box 6327 thassee, FL	porations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee be Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LVR Assets, LLC			
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our reted Liability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number L22000046546	Liability Comp	any were filed on January 26, 2	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
andCo Assets, LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	n/a	
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>: BOX)</u>	n/a	2024 DEC 18 P
B. If amending the registered agent and/or agent and/or the new registered office addr		ice address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
	-	Enter Florida street a	ddress
			. Florida
	<u> </u>	Ciţy	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

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 Address **Type of Action** Title Name n/a \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove □Add \_\_\_\_\_ □Change \_\_\_\_\_ □Remove

\_\_\_\_\_ □Change

Effective date, if other than the date of filing:    January 1, 2025   (optional)	n/a		
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Signature of a member or authorized representative of a member	Dated	<u>12 / 17 / 2</u> 02 <u>4</u> .	
Signature of a member or authorized representative of a member		$M \gg$	
	_	Signature of a member or authorized representative of a member	
Alex Smith, COO, Legacy Hospitality Holdings, Inc., Manager of member Legacy Club Holdings, LLC			