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COVER LETTER

TO: Registration S Division of Co			•
New Lega SUBJECT:	cy Enterprises, LLC		
.,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rhadisha Davis		
		Name of Person	
	New Legacy Enterprises.	LLC	
	-	Firm/Company	
	7643 GA	te Parkhay, 5	Suite 104-298
		acksonville FL	
	rha	City/State and Zip Code WSNA, davis @ a (to be used for future annual report not)	mail, com
For further information of	concerning this matter, please e	·	
Rhadisha Davis		808 7812585	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Registration		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 26 PM 6: 06

Zip Code

New Legacy Enterprises, LLC		TATE STATE
(Name of the Limite	d Liability Compa A Florida Limited	Carried Jr STATE (And Jr STATE
The Articles of Organization for this Limited Lia		
Florida document number L22000048699	··	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the <u>limited liah</u>	bility company here:
The new name must be distinguishable and contain the wo	rds "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	7643 Gate Pkwy. Ste 104-298
(Principal office address MUST BE A STREET	ADDRESS)	Jacksonville, FL 32256
Enter new mailing address, if applicable:		7643 Gate Pkwy, Ste 104-298
(Mailing address MAY BE A POST OFFICE B	(OX)	Jacksonville, FL 32256
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:		address on our records, enter the name of the new regis
	7(12 Cuta Blow	C. 104 200
New Registered Office Address:	7045 Gate PKW	vy, Ste 104-298 Enter Florida street address
	Jacksonville	Florida 32256

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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□ Add
			Петоve
			□Change
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			□Remove
			□ Add
		···	□Remove
			□Change

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	Dated	May 21 2022
Phydicha Davie		Signature of a member or authorized representative of a member
		Dhadisha Davis

Filing Fee: \$25.00