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DIVISION OF CORPORATION

22 APR 13 AM 8: 33

T. MATTHEWS MAY - 5 2022

COVER LETTER

Registration Section Division of Corporations LEGACY RV RENTALS ILLLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Yicxy Pringle Name of Person LEGACY RV RENTALS II LLC Firm/Company 614 EAST HIGHWAY 50 SUITE 356 Address CLERMONT, FL 34711 City/State and Zip Code legacyryrentals@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 Yicxy Pringle 312-2268 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee, □ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 13 AM 8: 33

LEGACY RV RENTALS II LLC		. :
(<u>Name of the Limited Liab</u> (A Flor	illity Company as it now appears on our recor ida Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or register agent and/or the new registered office address here		r the name of the new reg
agent and/of the new registered office address nere	•	
Name of New Registered Agent:		
New Registered Office Address:		···
-	Enter Florida street addre	<i>Pss</i>
		Torida
	City	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 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>	Address	Type of Action
MGR	Yicxy Pringle	614 East Highway 50 Suite 356 Clermont, FL 34711	~
			= Add
			Remove
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	Azr. 1 2 . 2022.
	Signature of a member or authorized representative of a member
	Yiexy Pringle Pringle Typed or printed name of signee
	JICKY ITIMALE Of speed or printed name of signee