122000094836

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DIVISION OF CURPORATION

T. MATTHEWS

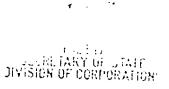
JUL 11 2022

COVER LETTER

	Registration Sec Division of Corp				
cun ica	Legacy give				
SUBJEC	Name of Limited Liability Company				
The encl	osed Articles of .	Amendment and fee(s) are sub-	nitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Aidan Mullis-Park	_		
			Name of Person	-	
		Legacy giveaways IIc			
			Firm/Company		
		6659 lake cane drive			
			Address		
orlando florida 32819					
			City/State and Zip Code	 -	
		mullisparka@gmail.com E-mail address: (I	to be used for future annual report notifi-	cation)	
For furtl	her information c	oncerning this matter, please ca			
Aidan N	Mullis-Park		407 2336533		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	he following amount:			
■ \$25	.00 Filing Fee	☐ \$30.00 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 Address: Registration Section			Street Address: Registration Sec	tion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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



Legacy giveaways lic

company has been notified in writing of this change.

22 MAY 12 PH 12: 45

(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 with Florida document number 122000094836	vere filed on 2/21/2022	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrev	iation "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)	<u> </u>		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name of	the new registered	
New Registered Office Address:	Enter Florida street address		
	Florida		
	, Florida	ip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am fami ovided for in Chapter 605, F.S. Or, if th	liar with and iis document is	

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
mgr 	Aidan Mullis-park	6659 lake cane drive Orlando Florida 32819	• Add
			□Remove
			Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
		·	□Remove
		·	□Change
			□ Add
			□Remove
			□Change
			⊡Add
			□Remove
			□Change