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(Re	equestor's Name)	
(Ac	idress)	
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(Do	ocument Number)	
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COVER LETTER

TO: Registratio Division of	n Section Corporations
ADR E	Dynamic Investments LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	LEXIE RIVERS
	Name of Person
	PRIME/CORPORATE SERVICES
	Firm/Company
	5250 S COMMERCE DR STE 200
	Address
	MURRAY, UT 84107
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	on concerning this matter, please call:
LEXIE RIVERS	855 577-4639
Nat	at () me of Person
Enclosed is a check f	or the following amount:
S25.00 Filing Fee	© \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADR Dynamic Investments LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	lompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 03/28/2022	and assigned
lorida document number 1.22000150008		
this amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	l liability company here:	
egacy Dream Collective LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviates "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	2 757
		<u> </u>
		ir 5, .
nter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		7
. If amending the registered agent and/or registere gistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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 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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Add
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			☐ Change
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te: If the date inserted in this	the date of filing: must be specific and cannot be prior s block does not meet the applicate Department of State's records.			
	yed effective date, but not ecord is filed.		12:01 a.m. on the earli	er of:
June 21	2023			
1 1 NoR.	Signature of a member or author			

Page 3 of 3

Filing Fee: \$25.00