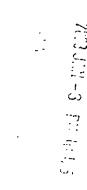
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| (Requestor's Name)                       |  |  |  |
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| PICK-UP WAIT MAIL                        |  |  |  |
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| (Business Entity Name)                   |  |  |  |
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| Certified Copies Certificates of Status  |  |  |  |
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| Special Instructions to Filing Officer:  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration So<br>Division of Cor |   |   |  |
|--|---|---|--|
| SUBJECT: _ t                           | Global Lec                                      | gacy, LLC   | • "  |
| SOBJECT.                               | Name of Lim                                     | nted Liability Company  | <u></u>  |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | omitted for filing.   |  |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |  |
|  | Krysta  | Parks<br>Name of Person   |  |
|  | <u>GLoba</u>                                    | al legacy LLC<br>Firm/Company   | <del></del>  |
|  | 1614 M  | Margate ave   |  |
|  | O <sub>Y</sub> \c                               | City/State and Zip Code in for DBALE Conditions are used for future annual report not | Qala enterpriseum  |
|  | E-mail address: (                               | DBALLEGNACY GROW<br>to be used for future annual report not                           | RAGNATION)   |
| For further information e              | oncerning this matter, please c                 | all:  |  |
| Krystal Po                             | r Person  | at (321 ) 314 44<br>Area Code Daytin  | 994<br>ne Telephone Number   |
| Enclosed is a check for the            | he following amount:                            |   |  |
| S \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>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  |   | <u>Street Address:</u><br>Registration Se   | ction  |
| Division of Corporations               |   | Division of Corporations  |  |
| P.O. Box 6327                          |   | The Centre of Tallahassee   |  |
| Tallahassee, FL 32314                  |   | 2415 N. Monroe Street, Suite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GLOBAL LEGACY, LLC

| (Name of the Limited Liability Compa<br>(A Florida Limited I  | ny as it now appears on our records.)<br>Liability Company) |                          |
|---|---|--------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number $\angle 22000788873$      | were filed on June 27 20                                    | 22 and assigned          |
| This amendment is submitted to amend the following:   |   |                          |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |                          |
| GLOBAL LEGACY   | GROUP, LLC  |                          |
| The new name must be distinguishable and contain the words "Limited Liabil  | lity Company," the designation "LLC" or the                 | abbreviation "L.E.C."    |
| Enter new principal offices address, if applicable:   |   |                          |
| (Principal office address MUST BE A STREET ADDRESS)   |   | <u> </u>                 |
|   |   |                          |
|   |   |                          |
| Enter new mailing address, if applicable:   |   | <u> </u>                 |
| (Mailing address MAY BE A POST OFFICE BOX)  | ·   | · · · · ·                |
|   |   | <u> </u>                 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the na                        | me of the new registered |
| Name of New Registered Agent:   |   |                          |
| New Registered Office Address:  | Enter Florida street address                                |                          |
|   | . Florida   |                          |
|   | 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 = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action 1205 Johnson Ferry rd Niara Brown STE 136 Marietta GA 30008 WAD AMBR □Remove AMBR Krystal Parks  $\Box$ Add address remains Changing tille from manager to member Dorian Rogers AMBR \_\_\_\_\_ □Add Change title from MGR tO AMBR AMBR Sames Officer tilk .=-∐Remove \_ Change Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Dated Dec 07

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00