L22000299716

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

GOLDEN SUBJECT:	LEGION HOME SERVICES I	LLC	
SUBJECT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	PAMELA MCKINNEY, C	CPA	
		Name of Person	-
	SUMMIT QUEST INC		
		Firm/Company	 -
	3433 E GULF TO LAKE I	HWY	
		Address	
	INVERNESS, FL 34453		
		City/State and Zip Code	
	PAMMCKINNEYUS@GM		
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
PAMELA MCKINNEY		352 584-1498 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GOLDEN LEGION HOME SERVICES LLC

2024 SEP 16 PH 3: 36

(<u>Name of the Limi</u>	ted Liability Comps (A Florida Limited	iny as it now appears (Liability Company)	on our records.)	自然提供
The Articles of Organization for this Limited L Florida document number L22000299716	iability Company	were filed on $\frac{07/05}{}$	5/2022	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here	:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desi	gnation "LLC" or t	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4099 SE HIGHWA	AY 42	
Principal office address MUST BE A STREE		SUMMERFIELD,	FL	
	_	34491		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4099 SE HIGHWA	AY 42	
		SUMMERFIELD, FL		
		34491	<u> </u>	
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:			ords, <u>enter the i</u>	name of the new registe
	4099 SE HIGH	WAY 42		
New Registered Office Address:			i street address	
	SUMMERFIEI	_D	, Florida	34491

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, 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
MGRM	LEFERVE, AMY, L	4099 SE HIGHWAY 42	■Add
		SUMMERFIELD, FL	□Remove
		34491	
			□ Add
		 	□Remove
			□Change
		□ Add	
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		□Add	
			□Remove
			☐ Change
			□Add
			
			☐ Change

If amending any other informati	on, enter change(s) here: <i>(At</i>	tach additional sheets, if nece	ssary.)
		76-	

			. <u></u>
	·		
			
	<u> </u>		
			
		· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date k does not meet the applicable sta	of filing or more than 90 days after attutory filing requirements, this	filing.) Pursuant to 605,0207 (3)
he record specifies a delayed effective ord is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated SEPEMBER 5	2024		
Thy	Pople		
// s	ignature of a member or authorized re	epresentative of a member	
ROBERT C DOYLE	Typed or printed name		

*,