# L22000363908

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Dox	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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#### CASSIDY LEGACY LANDS, LLC 4223 LAKESIDE DRIVE, STE 1 JACKSONVILLE, FLORIDA 32210

Tuesday, November 8, 2022

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

To Whom It May Concern:

Please see the attached check in the amount of \$30.00 for the filing fee & certificate of status.

Also, see the attached cover letter and completed Articles of Amendment to Articles of Organization of Cassidy Legacy Lands, LLC (L22000363908).

We have added one member: Heather F. Cassidy and updated Article III of the Articles of Organization.

If any questions arise, please do not hesitate to contact me at 904-237-5865 or email: jcassidysr@gmail.com

Respectfully,

John T. Cassidy, Sr.

Manager

### **COVER LETTER**

Div	ision of Corp	porations				
CUBIFOT.	CASSIDY I	EGACY LANDS, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
I			to the fit			
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		JOHN T. CASSIDY SR				
			Name of Person			
		CASSIDY LEGACY LAN	IDS, LLC			
Firm/Company						
	4223 LAKESIDE DRIVE, STE 1					
			Address			
		JACKSONVILLE, FL 322	210			
			City/State and Zip Code			
		jcassidysr@gmail.com			28 36	
		E-mail address: (	to be used for future annual report notif	ication)	72 N	••
For further is	nformation co	oncerning this matter, please co	all:		NOV I	•
JOHN T CA	SSIDY SR		90.4 237-5865 at ()		N 10 M 9:	i į
	Name of	Person	Area Code Daytime	: Telephone Number	근원으	Ĺ
Enclosed is a	a check for th	e following amount:			ידו	
□ \$25.00 I	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Control (additional cope	of Status &	
			0			

Mailing Address:

TO:

**Registration Section** 

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

CASSIDY LEGACY LANDS, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our raited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Completion of Complete Liability	pany were filed on AUGUST 1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	"L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>c</u>	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	LARCE E COURT STEEL	
<del></del>	City	, Florida
	Citi	aught colour

#### 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	HEATHER F. CASSIDY	4700 ORTEGA BLVD., JACKSONVILLE, FL 3221	0 <b>≣</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
			□Change

State of Florida. The durationof the C	Company shall be perpetual. Th	e Company is organized for the p	urpose of
transacting any and all lawful busines	ss permitted under the Act, inclu	ding, but not limited to, ownershi	p of real
and personal property in the United S	tates of America.		
	-		
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		<u> </u>	
ctive date, if other than the date of	f filing:	(optional)	
effective date is listed, the date must be spece:  If the date inserted in this block doesument's effective date on the Departme	ific and cannot be prior to date of fil s not meet the applicable statute	ing or more than 90 days after filing.)	Pursuant to 605.02 vill not be listed
ord specifies a delayed effective date, b	out not an effective time, at 12:0	1 a.m. on the earlier of: (b) The	90th day after t
NOVEMBER 08	2022		
1	1		

Typed or printed name of signee